FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Division OF CORPORATIONS

FILED Apr 28 1997 8:00am Secretary of State

L		1997	12/15/01/01				~	
DOCUMENT # P96000016293 (8)								
	IVY TRAI	DING, INC.						
Principal Place of Business Mailing Address							TIA OOMI TIOTO OHIO TATO TO	IRO EIIL IROI
	9 TURNBERI LANDO FL 3			8909 TURMBERRY COURT ORLANDO FL 32819-4010				
						Date Incorporated or Qualified 02/19/1996	3a. Date of Last	Report
2. Principal Place of Business			2a. Mailing Address	<u>⊢</u> ,		4. FEI Number	}	Applied For
<u> </u>			26 Suita Anii # ata	Suite, Apt. #, etc.		39-3361123		Not Applicable
Suite, Apt #, etc			27 Suite, Apr. #, etc.			5. Certificate of Status Desired		Additional Required
 T	City & State)	City & State			6. Election Campaign Financing		0 May Be
23		28				Trust Fund Contribution		d to Fees
ļ,	Zφ	Country	Zip	Cour	ntry	8. This corporation has liability to		s. 199.032,
24		25 9. Name and Address of C	29	30		Florida Statutes 10. Name and Address of New F	Yes No	
	TO 4		miteur vedisteren wäeur		81 Name	IV. Name and Addies of New P	Jegistoreu Agent	
}		, YINKI TURNBERRY COURT		Į				
ORLANDO FL 32819					82 Street Ad	Idress (P.O. Box Number is Not Accept	able)	
	0.10			Ţ	83			
				}	84 City		85 Zir	o Code
					'		FLI	
 Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with land accept the obligations of, Section 607,0505, Flori 					ove-named co by the corporates.	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of changing ept the appointment a	its registered is registered
ı	GNATURE							
		Signature, typed or parted name of registe			Agent signature req	quired when reinstating)	DATE	
12		OFFICERS AND DIRECTORS DELETE		13.	· e	ADDITIONS/CHANGES TO OFF	Change	
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1	TELI ADDRESS 8909 TURNBERRY COURT		Ţ	1.3 STREET ADDRESS				18
1	TY-ST-ZIP ORLANDO FL 32819		•	1.4 CiTY-SI-ZIP				
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1	REFT ADDRESS				REET ADDRESS			
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h		by certify that the information si	innlied with this filing does not qua			ted in Section 119.07(3)(i) Florida Statu	tes. I further certify the	at the

4. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

ME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/28/97 407 396-8001