

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071748 (3)

1. Corporation Name

INTERNATIONAL PROFESSIONAL EMPLOYERS CORP.



Principal Place of Business

Mailing Address

~~1099 S. FEDERAL HIGHWAY
SUITE 30
BOCA RATON FL 33432~~

~~1099 S. FEDERAL HIGHWAY
SUITE 30
BOCA RATON FL 33432~~

2. Principal Place of Business

21 555 N. Congress Ave.

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Boynton Beach, FL

Zip

24 33426

Country

25 USA

2a. Mailing Address

26 555 N. Congress Ave.

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Boynton Beach, FL

Zip

29 33426

Country

30 USA

3. Date Incorporated or Qualified

08/26/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0692420

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DIAMOND, CLDA
1099 S. FEDERAL HIGHWAY
SUITE 30
BOCA RATON FL 33432~~

81 Name Laurie Weinlein
82 Street Address (P.O. Box Number is Not Acceptable)
555 N. Congress Ave.
83 Suite 200
84 City Boynton Beach FL 85 Zip Code 33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Laurie Weinlein

1/13/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laurie Weinlein
1.3 STREET ADDRESS	555 N. Congress Ave. Suite 200
1.4 CITY-ST-ZIP	Boynton Beach, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Thomas J. Bolera <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	18848 SE Hwy 212 Vice
2.3 STREET ADDRESS	Clackmas, OR 97015 President
2.4 CITY-ST-ZIP	
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Ballas
3.3 STREET ADDRESS	2425 W.22nd St. #103
3.4 CITY-ST-ZIP	Oak Brook, IL 60521 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	Secretary
4.2 NAME	Archie Costa
4.3 STREET ADDRESS	555 North Congress Ave. Suite 200
4.4 CITY-ST-ZIP	Boynton Beach, FL 33426 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 Laurie Weinlein President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/97 (561)737-8117

Daytime Phone #

CR2E034 (9/96)