


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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000084653 (0)
 1. Corporation Name **INTERNATIONAL FINANCIAL CONSULTING GROUP, INC.**



Principal Place of Business 712 POWDER HORN CIRCLE LAKE MARY FL	Mailing Address 712 POWDER HORN CIRCLE LAKE MARY FL 32748-5110
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3410500		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent COHEN, ROBERT C 301 S. MILWEE STREET LONGWOOD FL 32750				10. Name and Address of New Registered Agent			
81. Name				85. Zip Code			
82. Street Address (P.O. Box Number is Not Acceptable)							
83.							
84. City				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMONS, JACK III			1.2 NAME	SIMONS, JOHN III		
STREET ADDRESS	712 POWDER HORN CIRCLE			1.3 STREET ADDRESS	712 POWDER HORN CIRCLE		
CITY - ST - ZIP	LAKE MARY FL 32748			1.4 CITY - ST - ZIP	LAKE MARY FL 32746		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	PATRICIA H. SIMONS		
STREET ADDRESS				2.3 STREET ADDRESS	712 POWDER HORN CIRCLE		
CITY - ST - ZIP				2.4 CITY - ST - ZIP	LAKE MARY FL 32746		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	JOHN SIMONS IV		
STREET ADDRESS				3.3 STREET ADDRESS	1455 WESSINGTON RD		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	ATLANTA GA 30306		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	ASHLEY S. TODD		
STREET ADDRESS				4.3 STREET ADDRESS	28 WYOMING AVE		
CITY - ST - ZIP				4.4 CITY - ST - ZIP	CINCINNATI OH 45215		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: [Signature] **4/7/97** **407-322-4526**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)