SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name S13830 (2) INTERNATIONAL RESEARCH CONSULTANTS, INC. Principal Place of Business Mailing Address P.O. BOX 1331 P.O. BOX 1331 NAPLES FL 33939 NAPLES FL 33999 3a. Date of Last Report 3. Date Incorporated or Qualified 11/19/1990 10/23/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0229444 21 26 Not Applicable Suite. Apt. #. etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired X Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip 34106 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 34106 24 Yes 🔼 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DODD, D. RICHARD 5071 TAMIAMI TRAIL EAST 82 Street Address (P.O NAPLES FL 33962 83 Zip Code 34/04 84 City 85 **JAPLES** 11. Pursuant to the provisions of Societies 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 a sept the poligations of Section 607.0505/Florida Statutes. SIGNATURE gistered Agent signature required when reinstating; OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (38) PST DELETE Change Addition TITLE 11TIRE DODD, D. RICHARD NAME 1.2 NAME 2463 RIVER REACH DRIVE 5071 TAMIAMI TRAIL EAST STREET ADDRESS 1.3 STREET ADDRESS NAPLES, FLORIDA 34104 NAPLES FL 33962 1.4 CITY - ST - ZIP CiTY-ST-ZIP TITLE DELETE 2 1 TITLE Change \_\_\_\_ Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADORESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE 4.1 THILE Change \_\_\_\_ Add:tion NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZIP DELETE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET AUDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or suppliemental 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 617, Florida Statutes, and that my name appears in Block 2 or Block 3 if changed, or on an attachment with an address.

6 4 CHTY - ST - 2IP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96 (94

Dayline Phone #