FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

IIA P	RODUCTS, INC.)
Principal Place	of Business	Mailing Address				III TIID INI		
3201 HIDDEN LAKE DR. E. JACKSONVILLE FL 32216		3201 HIDDEN LAKE DR. E. JACKSONVILLE FL 32216						
					3. Date Incorporated or Q 03/25/1991	ualified 3	3a. Date of Las 02/21	Report /1995
2. Principal Place	pe of Business	2a. Mailing Addr	ess		4. FEI Number 59-3132976	<u>-</u>		Applied For Not Applicable
Suite, Apt. #	. etc.	Suite, Apt. #	, etc.		5. Certificate of Status De	sired [75 Additional
City & State		City & State			6. Election Campaign Fina	noing	\$5	e Required O May Be
3 Z _{IP}	Country	28			Trust Fund Contribution		Ad-	ded to Fees
4	Country 25	Ζφ 29	30 Cour	ntry 	8. This corporation has lial Florida Statutes	bility for Intar		s 199.032.
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address o	f New Regis	stered Agent	
KUHN JOANNA M								
3201 H	IIDDEN LAKE DR., E.			82 Street Ad	ddress (P.O. Box Number is Not A	cceptable)		
JACKS	ONVILLE FL 32216			83				
			-	84 City			FI. 85	Zıp Code
 Pursuant to or registered 	The provisions of Sections 607,0502 Tapent, or both, in the State of Flori	2 and 607.1508, Florida	a Statutes, the above	e-named corp	oration submits this statement for	the purpose	e of changing it	s registered office
familiar with SIGNATURE SI	, and accept the obligations of, Sect grature, typed or printed name of registered agent	otion 607.0505, Florida S	Statutes.	orporation's bo	oration submits this statement for pard of directors. I hereby accept ared when reinstaling)	tne appointn	e of changing its ment as register	s registered offici ed agent. I am
familiar with SIGNATURE si 12.	, and accept the obligations of, Sect grature, typed or printed name of registered agent OFFICERS AN	ction 607.0505, Florida S of and title Capplicable ND DIRECTORS	(NOTE Registered /	Agent signature requi	pard of directors, i hereby accept	tne appointn	DATE AND DIREC	FORS IN 12
familiár with SIGNATURE _	, and accept the obligations of, Sectional of the professional of printed name of registered agont OFFICERS AN	otion 607.0505, Florida S	(NOTE Registered /	Agent signature requi	pard of directors, a nereby accept	tne appointn	nent as register	FORS IN 12
familiar with SIGNATURE SI 12. TITLE NAME	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	otion 607.0505, Florida S otion 607.0505, Florida S otion title r applicable ND DIRECTORS	NOTE Registered / 13.	Agent signature requi	pard of directors, a nereby accept	tne appointn	DATE AND DIREC	FORS IN 12
familiär with SIGNATURE SI 12. IITLE HAME SIREEL ADDRESS SIY-SI-ZIP	, and accept the obligations of, Sect grature, typed or printed name of registeres agont OFFICERS AN P KUHN, JOANNA M	otion 607.0505, Florida S nt and title if applicable ND DIRECTORS	NOTE Registered / 13. ETE 1.1 TH 12 NAI 1.3 STF	Agent signature requi	pard of directors, a nereby accept	tne appointn	DATE AND DIREC	FORS IN 12
familiar with SIGNATURE si 12. ITLE IAME SIREE I ADDRESS DIY-SI-ZIP	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	otion 607.0505, Florida S nt and title if applicable ND DIRECTORS	(NOTE Registered / 13. ETE 1.1 TH 1.2 NAI 1.3 STF	Agent signature required to the signature re	pard of directors, a nereby accept	tne appointn	DATE AND DIREC	FORS IN 12
familiär with SIGNATURE SI 12. TITLE NAME STREEL ADDRESS DTY-ST-ZIP TITLE NAME	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	ation 607.0505, Florida S and title i' applicable ND DIRECTORS	NOTE Rogistered / 13.	Agent signature required LE ME SEET ADDRESS Y-ST-ZIP LE AE	pard of directors, a nereby accept	tne appointn	DATE RS AND DIRECT Change	FORS IN 12
familiar with SIGNATURE SI 12. ITLE IAME LIREE ADDRESS ETY-S1-ZIP ITLE IAME LIREET ADDRESS	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	ation 607.0505, Florida S and title i' applicable ND DIRECTORS	NOTE Registered 13.	Agent signature required LE ME SEET ADDRESS Y-ST-ZIP LE AE EET ADDRESS	pard of directors, a nereby accept	tne appointn	DATE RS AND DIRECT Change	FORS IN 12
familiar with SIGNATURE SI 12. IITLE HAME SIREEI ADDRESS DIY-SI-ZIP IITLE HAME SIREEI ADDRESS DIY-SI-ZIP SIREEI ADDRESS DIY-SI-ZIP	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	ation 607.0505, Florida S and title i' applicable ND DIRECTORS	NOTE Rogistered / 13.	Agent signature required to the signature re	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change	FORS IN 12 B Addition
familiär with SIGNATURE sı 12.	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	otion 607.0505, Florida S of and title r applicable ND DIRECTORS DELE	(NOTE Registered / 13. TEE 1.1 TH 12 NAI 1.3 STF 1.4 CIT 22 NAI 23 STR 24 CIT 25 CIT 25 CIT 25 CIT 25 CIT 26 CIT	Agent signature required by the signature re	pard of directors, a nereby accept	tne appointn	DATE RS AND DIRECT Change	FORS IN 12 B Addition
familiar with SIGNATURE SI 12. ITLE IAME SIREE I ADDRESS DIY-SI-ZIP ITLE IAME ITREET ADDRESS DIY-SI-ZIP ITLE IAME ITREET ADDRESS DIY-SI-ZIP ITLE IAME	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	otion 607.0505, Florida S of and title r applicable ND DIRECTORS DELE	NOTE Registered 13.	Agent signature required by the signature re	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change	FORS IN 12 B
familiar with SIGNATURE SI 12. ITLE IAME ITREE I ADDRESS STY-S1-ZIP ITLE AME ITREET ADDRESS ITY-S1-ZIP ITLE AME ITREET ADDRESS ITY-S1-ZIP ITLE AME ITREET ADDRESS ITY-S1-ZIP	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	otion 607.0505, Florida S of end title if applicable ND DIRECTORS DELE DELE	NOTE Registered 13.	Agent eignature receiu LE ME REET ADDRESS Y-ST-ZIP LE AEET ADDRESS (-ST-ZIP LE AEET ADDRESS	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change	FORS IN 12 B Addition
familiar with SIGNATURE SI 12. ITLE IAME SIREEI ADDRESS CIY-SI-ZIP ITLE IAME ITREEI ADDRESS ITY-SI-ZIP ITLE IAME ITREEI ADDRESS ITY-SI-ZIP ITLE ITREEI ADDRESS ITY-SI-ZIP ITLE ITREEI ADDRESS ITY-SI-ZIP ITLE	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	otion 607.0505, Florida S of and title r applicable ND DIRECTORS DELE	NOTE Registered 13.	Agent signature recture LE ME SEET ADDRESS Y-ST-ZIP LE AE EET ADDRESS (-ST-ZIP LE AE REET ADDRESS (-ST-ZIP	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change	FORS IN 12 B
familiar with SIGNATURE SI 12. ITLE IAME SIREEI ADDRESS CTY-S1-ZIP ITLE IAME ITREET ADDRESS ITY-S1-ZIP ITLE IAME ITREEI ADDRESS ITY-S1-ZIP ITLE AME ITREEI ADDRESS ITY-S1-ZIP ITLE AME AME	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	otion 607.0505, Florida S of end title if applicable ND DIRECTORS DELE DELE	NOTE Registered 13.	Agent signature required to the signature re	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change Change	FORS IN 12 C Addition Addition
familiar with SIGNATURE SI 12. ITLE IAME IREEI ADDRESS SITY-ST-ZIP ITLE AME IREEI ADDRESS ITY-ST-ZIP ITLE AME	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	otion 607.0505, Florida S of end title if applicable ND DIRECTORS DELE DELE	NOTE Registered 13.	Agent Address Age Age Address Age Age Address Age	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change	FORS IN 12 C Addition Addition
familiar with SIGNATURE SI 12. ITLE IAME IARELI ADDRESS SITY-SI-ZIP ITLE AME ITREET ADDRESS ITY-SI-ZIP ITLE AME IAME IAME IAME IAME IAME IAME IAME	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	otion 607.0505, Florida S of end title if applicable ND DIRECTORS DELE DELE	NOTE Registered 13.	Agent signature required to the signature re	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change Change	FORS IN 12 C Addition Addition
familiar with SIGNATURE SI 12. ITLE IAME IREEI ADDRESS DIY-SI-ZIP ITLE AME IREEI ADDRESS ITY-SI-ZIP ITLE IREEI ADDRESS ITY-SI-ZIP ITLE	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	DELE	NOTE Registered 13.	Agent Address Age	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change	FORS IN 12 C Addition Addition
familiar with SIGNATURE SI 12. ITLE IAME IREEI ADDRESS DIY-SI-ZIP ITLE AME IREEI ADDRESS ITY-SI-ZIP ITLE AME	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	DELE	NOTE Registered 13.	Agent Address Age	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change Change	FORS IN 12 C Addition Addition
familiar with SIGNATURE SI 12. ITLE IAME SIREEI ADDRESS DIY-SI-ZIP ITLE IAME SIREEI ADDRESS DIY-SI-ZIP ITLE IAME ITLE ITLE IAME ITLE ITLE IAME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	DELE	NOTE Registered 13. 13. 14 CIT 12 NAI 13 STF 14 CIT 14 CIT 17 CI	Agent Address Age Age Address Age Address Age Age	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change Change	FORS IN 12 C Addition Addition
familiar with SIGNATURE SI 12. ITLE HAME SIREEL ADDRESS DIY-SI-ZIP ITLE HAME SIREEL ADDRESS DIY-SI-ZIP ITLE HAME ITREEL ADDRESS HIY-SI-ZIP ITLE	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	DELE	NOTE Registered 13.	Agent Address Age	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change Change	FORS IN 12 C Addition Addition
familiar with SIGNATURE SITE SITE SIREE I ADDRESS DIY-SI-ZIP ITLE IAME SIREE I ADDRESS DIY-SI-ZIP ITLE IAME IREE I ADDRESS ITY-SI-ZIP ITLE AME	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	DELE	NOTE Registered 13.	Agent address Y-ST-ZIP LE AE EET ADDRESS Y-ST-ZIP LE EET ADDRESS	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change Change	FORS IN 12 B
familiar with SIGNATURE SI 12. ITLE IAME SIREE I ADDRESS DITY-SI- ZIP ITLE IAME SIREET ADDRESS DITY-SI- ZIP ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	prature, typed or printed name of registered agont OFFICERS AN P KUHN, JOANNA M 3201 HIDDEN LAKE DR, E.	DELE	NOTE Registered 13. 13. 14 CIT 12 NAI 13 STF 14 CIT 14 CIT 17 CI	Agent address Y-ST-ZIP LE AE EET ADDRESS Y-ST-ZIP LE EET ADDRESS	pard of directors, a nereby accept	tne appointn	DATE RS AND DIREC Change Change	FORS IN 12 B

SIGNATURE:

Joanna M. Kuhn Joanna M. Kuhn 4/15/96 (904) 448-0590

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR