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**PROFIT** CORPORATION , ANNUAL REPORT 1996



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

DOCUMENT #

1. Corporation Name

(8)

I P C ENTERPRISES, INCORPORATED								
Principal Place of Business Mailing Address					11 9/819 11841 IIBII 1981	ATH BIRL BIRL BIL		
4835 CORTEZ	BLVD	400 INDIAN ROCK	S RD					
HWY 550 BAYPORT FL	34607	STE C Belleair Bluffs	FL 34640					
US	V1007	US		3. Date Incorp. 04/02/1	rated or Qualified 991	3a. Date of 04/2	8/199	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-30	0700			pplied For
1		26		38-30	JO 7 O 3			ot Applicable Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc		5. Certificate of	Status Desired			equired
City & State		City & State		6. Election Can	-			May Be
:3		28		Trust Fund C		LJ		to Fees
Zip 24	Country 25	Z <sub>IP</sub>	Country 30	8. This corpora Florida Statu	tion has liability for it tes ☐ Yes		nders 1	199.032,
-4	g. Name and Address of Cu		1001		Address of New R	egistered Age	nt	
			81 Nan	ie				
HERSEM	I, THOMAS G		<b>82</b> Stree	et Address (P.O. Box Numl	per is Not Acceptab	le)		
400 INDIAN ROCKS RD								
STE C			83					
BELLEAI	R BLUFFS FL 34640		84 City			FL	5 Zip	Code
<ol><li>Pursuant to or registere</li></ol>	the provisions of Sections 607.0	Florida, Such change was auth	norized by the corporation	r's board of directors. I heri				
or registere familiar with SIGNATUREs	od agent, or both, in the State of n, and accept the obligations of, signature, typed or printed name of registered	Florida, Such change was auft Section 607,0505, Florida Stat	ionzed by the corporation utos.  INCTE Registered Agent signature.	re required when remateting)		DATE		
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certify that the information indicated on this armusi report or supplemental annual report is true and accorded and tried my signature shall not be secured to execute this report as required by Chapter 607, Florida Stalutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OB MINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Hammond 4-17-56 Date Payment