

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**

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

DOCUMENT # V27181 (9)  
1. Corporation Name  
INTERNATIONAL PROPERTIES OF VOLUSIA COUNTY, INC.

| Principal Place of Business                    | Mailing Address                             |
|--|---|
| 719 3RD AVE<br>NEW SMYRNA BEACH FL 32169<br>US | 719 3RD AVE<br>NEW SMYRA BCH FL 32169<br>US |

|  |  |  |  |
|--|--|--|--|
| 3. Date Incorporated or Qualified<br><b>04/06/1992</b>   |  | 3a. Date of Last Report<br><b>07/27/1995</b> |  |
| 4. FEI Number<br><b>59-3120521</b>   |  | Applied For                                  |  |
|  |  | Not Applicable                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required        |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees           |  |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |
| 10. Name and Address of New Registered Agent   |  |  |  |

|                                |                          |         |                     |                          |         |
|--------------------------------|--------------------------|---------|---------------------|--------------------------|---------|
| 2. Principal Place of Business |                          |         | 2a. Mailing Address |                          |         |
| 21                             | 4166 SO. ATLANTIC AVENUE |         | 26                  | 4166 SO. ATLANTIC AVENUE |         |
|                                | Suite, Apt. #, etc.      |         |                     | Suite, Apt. #, etc.      |         |
| 22                             | City & State             |         | 27                  | City & State             |         |
| 23                             | NEW SMYRNA BEACH, FLA.   |         | 28                  | NEW SMYRNA BEACH, FLA.   |         |
| Zip                            |                          | Country | Zip                 |                          | Country |
| 24                             | 32169                    | 25 USA  | 29                  | 32169                    | 30 USA  |

|   |  |  |   |
|---|--|--|---|
| 9. Name and Address of Current Registered Agent                                   |  | 10. Name and Address of New Registered Agent |   |
| <b>FERRARO, CYNTHIA</b><br><b>719 3RD AVE</b><br><b>NEW SMYRNA BEACH FL 32169</b> |  | 81   | Name  |
|   |  | 82   | Street Address (P.O. Box Number is Not Acceptable)<br><b>4166 SO. ATLANTIC AVENUE</b> |
|   |  | 83   |   |
|   |  | 84   | City  |
|   |  | 85   | Zip Code  |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PVST<br>FERRARO, CYNTHIA<br>719 3RD AVE<br>NEW SMYRNA BEACH FL <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4166 SO. ATLANTIC AVENUE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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. 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: Cynthia Ferrari  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL

**CYNTHIA FERRARO**

04/22/96

(904) 424-9173

Date \_\_\_\_\_

424-3  
Narcine Group

CR2E034 (12/95)