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

PROFIT CORPORATION **ANNUAL REPORT**

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

INTERNATIONAL PROPERTIES OF VOLUSIA COUNTY, INC.						
Principal Place of Business	Mailing Address 4166 S. ATLANTIC AVENUE NEW SMYRA BCH FL 32169 US					
4188 S. ATLANTIC AVENUE NEW SMYRNA BEACH FL 32 US						
					3. Date 04 /	
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI N	
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, etc. 27 City & State 28			5. Certif	
					Zip	Country

FILED Apr 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE Incorporated or Qualified 06/1992 lumber Applied For 9-3120521 Not Applicable \$8.75 Additional icate of Status Desired Fee Required \$5.00 May Be ion Campaign Financing **Fund Contribution** Added to Fees corporation owes or has paid the current year Intangible 30 24 29 Personal Property Tax due June 30. Yes Name and Address of New Registered Agent g. Name and Address of Current Registered Agent FERRARO, CYNTHIA 81 Name 4166 S. ATLANTIC AVENUE Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32169** В3 84 City Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PVST DELETE Change Addition TITLE 11 TITLE FERRARO, CYNTHIA NAME 1.2 NAME CR2E034 4166 S. ATLANTIC AVENUE STREET ADDRESS 1.3 STREET ADDRESS NEW SMYRNA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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 armual 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 changest or on an attachment with an address.

SIGNATURE:

904-424-9173