

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V35740 (2)

1. Corporation Name

I & E INVESTMENT CORPORATION

FILED

96 JAN 30 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1501 E. HALLANDALE BCH. BLVD.  
#310  
HALLANDALE FL 33009  
US

Mailing Address

1501 E. HALLANDALE BCH. BLVD.  
#310  
HALLANDALE FL 33009  
US

3. Date Incorporated or Qualified  
05/13/1992

3a. Date of Last Report  
05/01/1995

4. FEI Number

65-0332420

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CSC NETWORK  
1201 HAYS ST.  
TALLAHASSEE FL 32301

81 Name Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

83

84 City Tallahassee

FL

85 Zip Code 30301

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 *Laura R. Dunlap*  
Type or print name of registered agent and title in applicable

Corporation Service Company

Laura R. Dunlap, as its agent

1-30-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PAS ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ROSEN, ISAAC  
STREET ADDRESS 1501 E. HALLANDALE BEACH BLVD.  
CITY-ST-ZIP HALLANDALE FL 33009

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VST ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ROSEN, EUGENIA  
STREET ADDRESS 1501 E. HALLANDALE BEACH BLVD.  
CITY-ST-ZIP HALLANDALE FL 33009

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE: *Eugenia Rosen* VST EUGENIA ROSEN

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 456-3535

Date

Daytime Phone #

CR2E034 (12/95)