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 # **V49059** **(1)**

1. Corporation Name

INTERNATIONAL PROMOTIONS OF ATLANTIC BEACH FLORIDA, INC.

Principal Place of Business

P.O. BOX 331098
ATLANTIC BEACH FL 32233

Mailing Address

P. O. BOX 331098
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified: **07/06/1992**

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

4. FEI Number: **59-3133829** [ ] 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

9. Name and Address of Current Registered Agent

BROWN, ANTHONY W.
2820 LEWIS SPEEDWAY
ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 of New Registered Agent, if Changing) (Printed Name of New Registered Agent, if Changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	[ ] DELETE
NAME	BROWN, ANTHONY W.	
STREET ADDRESS	21 SEASIDE CAPERS	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PD	[ ] DELETE
NAME	CLEMENTS, JAMES T.	
STREET ADDRESS	616 MAGNOLIA STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	STD	[ ] DELETE
NAME	KORSH, H. R	
STREET ADDRESS	7600 FRANCE AVE S #108	
CITY-ST-ZIP	EDINA MN	
TITLE	VPD	[ ] DELETE
NAME	HOLEYFIELD, RICHARD W	
STREET ADDRESS	P.O. BOX 538	
CITY-ST-ZIP	WAXAHACHIE TX	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: [signature] Secretary 4/9/96 617-831-2383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

N. RICHARD KORSH