

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$222 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 22 AM 8:57

DOCUMENT # P94000067286 (2)

1. Corporation Name

THE INTERNATIONAL LOCATOR GROUP, INC.

Principal Place of Business

Mailing Address

2503 DEL PRADO BLVD.
 SUITE 435
 CAPE CORAL FL 33904

2503 DEL PRADO BLVD.
 SUITE 435
 CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/08/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0510265

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for interest on fees under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNN, TROY W
 9901 MERLE DR.
 N. FT. MYERS FL 33917

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 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 fee applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME DUNN, TROY W
 STREET ADDRESS 9901 MERLE DR.
 CITY - ST - ZIP N. FT. MYERS FL 33917

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

Change 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 110.07(3)(b), 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 its 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 checked, or on an attachment with an address.

SIGNATURE:

Troy Dunn

6-19-95

941-574-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)