

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 404545 (6)

1. Corporation Name
T.I.C. I-95 CORP.



Principal Place of Business STE 105 1428 BRICKELL AVE MIAMI FL 33131-0494	Mailing Address STE 105 1428 BRICKELL AVE MIAMI FL 33131-0494
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/07/1972	
4. FEI Number 59-1410416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HALPRYN, ERNEST M.
 1428 BRICKELL AVE #105
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when re/relating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, RUTH	
STREET ADDRESS	CLARIDGE HOUSE II #9CW	
CITY-ST-ZIP	VERONA NJ	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KLOEPFER, SALLY S.	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALPRYN, ERNEST M	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, MILTON	
STREET ADDRESS	CLARIDGE HOUSE II #9CW	
CITY-ST-ZIP	VERONA NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HALPRYN, GLENN L.	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELLISA HURTADO
2.3 STREET ADDRESS	1428 BRICKELL AVE #105
2.4 CITY-ST-ZIP	MIAMI FLORIDA 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP - ST SECRETARY/TREASURER
5.3 STREET ADDRESS	HALPRYN, GLENN L
5.4 CITY-ST-ZIP	1428 BRICKELL AVE #105
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:  ERNEST M HALPRYN

3/20/98 (305) 371-4112

CF2E034 (10/97)