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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000003529 (1)

IGC, INC.

Principal Place of Business

S

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Mailing Address

FILED Jan 20 1998 8:00am Secretary of State



SUDELL LA 70481			3090 E. Gause Blvd. Suite 105 Slidell La 70461			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
<u> </u>		7 - 4 - 4	· · · · · · · · · · · · · · · · · · ·			07/08/1997	
— ·	Place of Business	<u> </u>	a. Mailing Address			4. FEI Number	Applied For
21	4	26				72-1342126	Not Applicable
Suite, Apt #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	e		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	3			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the	
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🛗 No	
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REINE, BRIAN				81	81 Name		
117	724 CHANTICLEER CT		82 Street Add		Street Add	dress (P.O. Box Number is Not Acceptable)	
) PEI	NSACOLA FL 32507				0110017101	oros (1.6. Box Hamber is Not Necopiable)	
				83			
				84	City	F	B5 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 harno of registion	 	(NOTE P		nt signature req	juired when reinstaling) DAT(
12.	OFFICERS	S AND DIRECTORS	ber exe	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	OCINE ODIAN	Ļ	DELETÉ	1.1 TITLE			Change Addition
NAME	REINE, BRIAN			1.2 NAME			
STREET ADDRESS	380 STONEBRIDGE LOOP	•		1.3 STREET	ADDRESS		
CITY-ST-ZIP	SLIDELL LA 70458		051.575	1.4 CITY - S	T-ZIP		
TITLE	VST OFINE LANDA	Ш	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	REINE, LAURA			2.2 NAME			
STREET ADDRESS	380 STONEBRIDGE LOOF	•		2.3 STREET	ADDRESS		
CITY-ST-ZIP	SLIDELL LA 70458			2.4 CITY-S	T - ZIP		
TITLE			DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4 CITY-S	T-ZIP		
TITLE		U	DELET E	4.1 TITLE	ļ		Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY - ST - ZIP				4.4 CITY-S	- 7IP		
TITLE		Ш	DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME				52 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST	- ZIP		
TITLE			DELET E	6.1 THLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP				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.

BRIAN REINE