

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 23 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000032864

1. Corporation Name

I. G. LIMITED, INC.

500001522925
-06/26/95--01041--001
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**260 S. LOS ROBLES AVE, SUITE 313
PASADENA, CALIFORNIA 91101 SAME**

3. Date Incorporated or Qualified **5-3-93** 3a. Date of Last Report **FIRST REPORT**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 I. G. LIMITED, INC.		26 SAME		65-041-04-42		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 260 S. LOS ROBLES # 313		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 PASADENA, CA		28		24 Zip 91101 25 Country		29 Zip 30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 title if applicable. NOTE: Registered Agent signature required when reappointing. DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		NAME		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PRESIDENT		IRWIN GOLDSTEIN		1.2 NAME			
STREET ADDRESS		CITY - ST - ZIP		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
260 S. LOS ROBLES, 313		PASADENA, CA 91101		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		CITY - ST - ZIP		2.2 NAME		500001522925	
260 S. LOS ROBLES, 313		PASADENA, CA 91101		2.3 STREET ADDRESS		-06/26/95--01041--002	
STREET ADDRESS		CITY - ST - ZIP		2.4 CITY - ST - ZIP		*****8.75 *****8.75	
CITY - ST - ZIP		CITY - ST - ZIP		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		CITY - ST - ZIP		3.2 NAME			
CITY - ST - ZIP		CITY - ST - ZIP		3.3 STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP		3.4 CITY - ST - ZIP			
CITY - ST - ZIP		CITY - ST - ZIP		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		CITY - ST - ZIP		4.2 NAME			
CITY - ST - ZIP		CITY - ST - ZIP		4.3 STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP		4.4 CITY - ST - ZIP			
CITY - ST - ZIP		CITY - ST - ZIP		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		CITY - ST - ZIP		5.2 NAME			
CITY - ST - ZIP		CITY - ST - ZIP		5.3 STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP		5.4 CITY - ST - ZIP			
CITY - ST - ZIP		CITY - ST - ZIP		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		CITY - ST - ZIP		6.2 NAME			
CITY - ST - ZIP		CITY - ST - ZIP		6.3 STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP		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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irwin Goldstein IRWIN GOLDSTEIN **6/16/95** **818-583-8007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Name (Phone #)