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FILED
Feb 06 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # F96000002205 (0)

1. Corporation Name
IBIS/REC INC.



Principal Place of Business
345 PARK AVENUE, 31ST FLOOR
NEW YORK NY 10154

Mailing Address
345 PARK AVENUE, 31ST FLOOR
NEW YORK NY 10154-0004

3. Date Incorporated or Qualified: 05/02/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 13-3889831
APPLIED FOR

Applied For
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

24 Zip Country

25 Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHWARZMAN, STEPHEN A	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SAYLAK, THOMAS J	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ORBUCH, STEVEN E	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITNEY, KENNETH C	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PETERSON, PETER G	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALOOGLY, MARK	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gallogly, Mark
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE: *Louis Pompano* (Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUIS POMPANO

1/24/97 (Date)
212 754-7348 (Daytime Phone #)

CR2E034 (9/96)