

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000073251 (7)
1. Corporation Name

I.B.C. VENTURES CORP.



Principal Place of Business: % 725 NORTH MAGNOLIA AVENUE ORLANDO FL 32803
Mailing Address: % 725 NORTH MAGNOLIA AVENUE ORLANDO FL 32803

3. Date Incorporated or Qualified: 09/21/1995
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 1896 Kentucky Ave.
2a. Mailing Address: 26 1896 Kentucky Ave.

4. FET Number: [] Applied For [] Not Applicable

22 Suite, Apt #, etc. 27 Suite, Apt #, etc.

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

23 City & State: Winter Park, FL
28 City & State: Winter Park, FL

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

24 Zip: 32789 Country: []
29 Zip: 32789 Country: []

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [x] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO FL 32803

81 Name
82 Street Address (PO 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] DATE: [Date]

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	P/S/T/D [] Change [x] Addition
12 NAME	Meyer, Clifton M.
13 STREET ADDRESS	1896 Kentucky Ave.
14 CITY - ST - ZIP	Winter Park, FL 32789
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	100001928191 [] Change [] Addition
62 NAME	-08/21/96--01035--011
63 STREET ADDRESS	***225.00
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clifton M. Meyer, President

8/1/96 (407) 628-8566

CR2E034 (3/96)