


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 14 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002205					
1. Entity Name IBIS/REC INC.					
Principal Place of Business C/O IBIS WEST PALM PARTNERS, LP 9055 IBIS BOULEVARD WEST PALM BEACH, FL 33412			Mailing Address C/O IBIS WEST PALM PARTNERS, LP 8225 IBIS BOULEVARD WEST PALM BEACH, FL 33412		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		09012004 Chg-P CR2E034 (10/03)	
4. FEI Number 13-3889831				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Barcode	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name: <u>CLIFFORD I. HERTZ, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>ONE NORTH CLEMATIS STREET</u> Suite: <u>SUITE 500</u> City: <u>WEST PALM BEACH</u> <u>FL</u> Zip Code: <u>33401</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> <u>Clifford I. Hertz, Pres.</u> <u>8/31/04</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: KITSON, SYDNEY W STREET ADDRESS: 9055 IBIS BOULEVARD CITY-ST-ZIP: WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE: <u>100041172961</u> NAME: <u>09/20/04--01049--001</u> STREET ADDRESS: <u>**\$61.25</u> CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V NAME: HOBAN, THOMAS M STREET ADDRESS: 9055 IBIS BOULEVARD CITY-ST-ZIP: WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete		TITLE: V NAME: QUINN, MICHAEL STREET ADDRESS: 9055 IBIS BOULEVARD CITY-ST-ZIP: WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: V NAME: ORDILLE, ROBERT C STREET ADDRESS: 9055 IBIS BOULEVARD CITY-ST-ZIP: WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE: V NAME: VALLACE, TIMOTHY STREET ADDRESS: 9055 IBIS BOULEVARD CITY-ST-ZIP: WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: V NAME: COURVILLE, JON STREET ADDRESS: 9055 IBIS BOULEVARD CITY-ST-ZIP: WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete		TITLE: V NAME: TYRRELL, STUART C. STREET ADDRESS: 9055 IBIS BOULEVARD CITY-ST-ZIP: WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: S/T NAME: SPEER III, GEORGE G STREET ADDRESS: 9055 IBIS BOULEVARD CITY-ST-ZIP: WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete		TITLE: S/T NAME: VANDER MAY III, WILLIAM R. STREET ADDRESS: 9055 IBIS BOULEVARD CITY-ST-ZIP: WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>William R. Vander May, III</u> <u>S/T</u> <u>8/31/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dealing Phone #</small>					
561-799-2345					