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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 373621

IBS, INC. Mailing Address Principal Place of Business 3 NORTH ROSALIND AVENUE 3 NORTH ROSALIND AVENUE ORLANDO FL 32801 ORLANDO FL 32801-1946 Moseo 3a. Date of Last Report 3. Date incorporated or Qualified 12/04/1970 04/19/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 5520 Hansel Avenue 59-1363146 Not Applicable 5520 Hansel Avenue Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 B City & State City & State \$5.00 May Be 6. Election Campaign Financing П **Trust Fund Contribution** Added to Fees 23 Orlando, FL <sup>28</sup> Orlando, FI Country 8. This corporation has liability for intangible tax under s. 199.032, Zφ Yes X No 24 32809 29 32809 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STALDER, JOHN J. Stalder. John J.
Street Address (P.O. Box Number is Not Acceptable) 5102 ST GERMAIN AVE M oved 5520 Hansel Ave. ORLANDO FL 32812 83 84 Zip Code 32809 City Orlando 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. به هموم SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Change DELETE 1.1 TITLE Addition THLE **PVS** LAGOY, ELSWORTH J., JR. LaGoy, Elsworth J., Jr. 1.2 NAME NAME 3 NORTH ROSALIND AVE. 1.3 STREET ADDRESS 5520 Hansel Ave. Ste B STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP Orlando, FL 32809 C/TY - ST - ZIP DELETE 2.1 TITLE Change Addition TIFLE 2.2 NAME Patricia A. Stalder NAME 2.3 STREET ADDRESS 5520 Hansel Ave. STREET ADDRESS 2.4 CITY-ST-ZIP Orlando, FL 32809 CHY ST ZIP Change OFLETE 3.1 TITLE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City-St-ZIP City - ST-7iP Addition DELETE Change 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY- ST. ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADJRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADORESS **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)(1), 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

SIGNATURE:



FILED

Apr 23 1997 8:00am

Secretary of State

Daytime Phone #