

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 503561 (3)  
1. Corporation Name  
IVORY TOWER ENTERPRISES, INC.

Principal Place of Business  
1400 S. NOVA RD. #227  
DAYTONA BEACH FL 32114

Mailing Address  
P.O. BOX 4267  
S. DAYTONA BEACH FL 32121  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/19/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1698850	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COCHRANE, GEORGE BRADLEY 1400 S. NOVA RD. #227 DAYTONA BEACH FL 32114		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: *George Bradley Cochrane* CEO (NOTE: Registered Agent signature required when reinstating) *ADD* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	BRICK, SHERRY E.	1.2 NAME	JAMES BRADLEY COCHRANE
STREET ADDRESS	5500 KINGSWOOD DR.	1.3 STREET ADDRESS	6140 DEER HAWK DRIVE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	PCO	2.1 TITLE	VD
NAME	SCHWIBEN, SHIRLEY E.	2.2 NAME	SUE E. ESTABROOK
STREET ADDRESS	3408 COUNTRY MANOR DR	2.3 STREET ADDRESS	ROUTE 1, BOX 346
CITY-ST-ZIP	S DAYTONA FL	2.4 CITY-ST-ZIP	KEE, FL 32059
TITLE	VD	3.1 TITLE	
NAME	JENNE, SALLY E	3.2 NAME	
STREET ADDRESS	7807 MONCLAIR CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	COCHRANE, THOMAS MICHAEL	4.2 NAME	
STREET ADDRESS	21 PALM CASTLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	
TITLE	CEO	5.1 TITLE	
NAME	COCHRANE, G. BRAD	5.2 NAME	
STREET ADDRESS	1400 SOUTH NOVA ROAD, #226	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	COCHRANE, MARGARET E.	6.2 NAME	
STREET ADDRESS	1400 SOUTH NOVA ROAD, #226	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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: *G. Brad Cochrane* 4/13/98 944-255-7974

CR2E034 (10/97)