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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 61654

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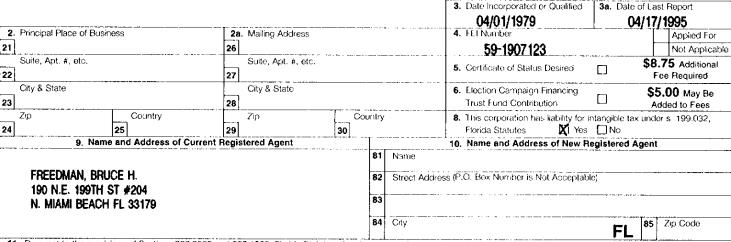
Corporation Name

I.B.S. FLEA MARKETS, I	NC.
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Principal Place of Business

Mailing Address

190 N. E. 199TH ST. #203 NORTH MIAMI FL 33179 190 N. E. 199TH ST. #203 NORTH MIAMI FL 33179



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 607.050. Florida Statutes.

or registere familiar with	d agent, or both, in the State of Florida. S i, and accept the obligations of, Section 6	uch change was authoriza 07.0505, Florida Statutes.	ed by the corporation's boar	of directors. I hereby accept the appoin	itment as registered	agent Lam	
SIGNATURF _	gnature, typed or printed name of registered agent and sit	k if accelerable. ZBPS	TE: Registered Agent signature regimes	Junean ann Lean à	(sali		
12. OFFICERS AND DIRECTORS			13.		INF LIAME OTHONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TOTLE	S	☐ DELETE	1. 1 TITLE		Change	Addit on	
NAME	GOLDSTEIN, CHARLES		1.2 NAME				
STREET ADDRESS	21121 NE 22ND COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 C+TY - ST - Z+P				
UTLE	Р	☐ DELETE	2 1 TiTLE	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition	
NAME	FREEDMAN, STEVEN J.		2.2 NAME				
STREET ADDRESS	10121 N.W. 10TH ST.		23 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		2 4 CITY - ST - ZIP				
THTLF	VP	☐ DELETE	3 1 1111.		Change	Addition	
NAME	FREEDMAN, MIRIAM		3 2 NAME				
STREET ADDRESS	2125 NE 204TH ST.		3 3 STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL		3 4 City - St - ZiF				
TITLE	T	☐ DELETE	4. 1 THILE		Change	Addition	
NAME	FREEDMAN, BRUCE		42 NAME				
STREET ADDRESS	190 N.E. 199TH ST #204		4.3 STREET ADDRESS				
City-St-ZiP	MIAMI FL		4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5 1 TITLE		☐ Change	Add tion	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY+ST-ZIP				
TITLE		☐ DELETE	6 1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
PITY CT 7ID			6.4.CITY OT 7ID				

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)(d). 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 or an attachment with an address.

SIGNATURE

NATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/96 305-651-9530

CR2E034 (12/95)