

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **652676** (8)

1. Corporation Name
IBSCO, INC.

Principal Place of Business

P.O. BOX 365
JENSEN BEACH FL 34958

Mailing Address

P.O. BOX 365
JENSEN BEACH FL 34958-0365



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/18/1980	3a. Date of Last Report 02/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2005390		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

COY, ROBERT H
1084 NW SPRUCE RIDGE DR.
STUART FL 34994

10. Name and Address of New Registered Agent

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME STREET ADDRESS CITY-ST-ZIP	DEGGELLER, EVELYN 4034 SE OLD ST LUCIE BLV STUART, FL 00000 <input checked="" type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP	COY, CAROLYN J 1084 NW SPRUCE RIDGE STUART, FL 00000 <input type="checkbox"/> DELETE	12. NAME	
V NAME STREET ADDRESS CITY-ST-ZIP	COY, ROBERT H 1084 NW SPRUCE RIDGE STUART, FL 00000 <input type="checkbox"/> DELETE	13. STREET ADDRESS	
P NAME STREET ADDRESS CITY-ST-ZIP	DEGGELLER, IRVIN V 4034 SE OLD ST LUCIE BLV STUART, FL 00000 <input type="checkbox"/> DELETE	14. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	22. NAME	
	<input type="checkbox"/> DELETE	23. STREET ADDRESS	
	<input type="checkbox"/> DELETE	24. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	32. NAME	
	<input type="checkbox"/> DELETE	33. STREET ADDRESS	
	<input type="checkbox"/> DELETE	34. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	42. NAME	
	<input type="checkbox"/> DELETE	43. STREET ADDRESS	
	<input type="checkbox"/> DELETE	44. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	52. NAME	
	<input type="checkbox"/> DELETE	53. STREET ADDRESS	
	<input type="checkbox"/> DELETE	54. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	62. NAME	
	<input type="checkbox"/> DELETE	63. STREET ADDRESS	
	<input type="checkbox"/> DELETE	64. 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)(i), Florida Statutes. I further certify that the information included 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0474300

CR2E034 (9/96)