


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

FILED

May 08 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 # 817696 (8)

1. Corporation Name

IPBS, INC.

Principal Place of Business

Mailing Address

22917 PACIFIC COAST HWY
STE 200
MALIBU CA 90265
US

% ANTHEM PREMIUM FINANCE
22917 PACIFIC COAST HWY #200
MALIBU CA 90265-4959
US

3. Date Incorporated or Qualified

02/12/1964

3a. Date of Last Report

05/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

26

30

31

4. FEI Number

34-0960095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROCCO, ALFONSE E
801 S LAKE DESTINY RD
SUITE 405
MAITLAND FL 32751

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, typed or printed name 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESLUCK, DAVID	
STREET ADDRESS	1014 VINE STREET, SUITE #1100	
CITY - ST - ZIP	CINCINNATI OH 45202	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	RODAS, ALFRED O	
STREET ADDRESS	22917 PACIFIC COAST HWY, SUITE #200	
CITY - ST - ZIP	MALIBU CA 90265	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, GEORGE D	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY - ST - ZIP	INDIANAPOLIS IN 46204	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, CURTIS L	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY - ST - ZIP	INDIANAPOLIS IN 46204	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DIETZ, W.R.	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY - ST - ZIP	INDIANAPOLIS IN 46204	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASSIDY, P.M. O	
STREET ADDRESS	828 WEST TAFT AVE.	
CITY - ST - ZIP	ORANGE CA	

1.1 TITLE	SR. V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DANIEL JAUERNIG	
1.3 STREET ADDRESS	48 LAWRENCE CR. TORONTO, ONTARIO	
1.4 CITY - ST - ZIP	CANADA M4N1N2	
2.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT HICKS	
2.3 STREET ADDRESS	10677 CROWN COURT	
2.4 CITY - ST - ZIP	CARMEL, IN 46032	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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)(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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALFRED O. RODAS, CFO 4/25/97 (310)317-6310

CR2E034 (9/96)