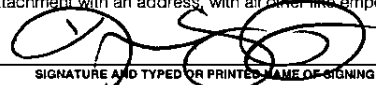


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 FEB -9 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002114 1. Entity Name IBC DELAWARE GROUP, INC.					
Principal Place of Business 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309			Mailing Address 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01212004 Chg-P CR2E034 (10/03) 4. FEI Number 59-2324762 Applied For Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SIROP, KEVIN 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLMAN, J. LEON 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, D J. LEON ELLMAN 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLMAN, NEIL 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100028661671 02/12/04 01030-005 ***1100.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BERK, ARTHUR J 848 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SIROP, KEVIN 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLMAN, LANCE 730 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  KEVIN SIROP 1/21/04 954-968-2333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					