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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000004061 (5)

DOCUMENT # F9600

IBS MARKETING CORPORATION

Mar 06 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		T CARLERO DELA COLON OCTIVI AND IN CARRE AND IN CAR	r Antie Osber Antea Elsbe tine 1860
4150 INTERNATIONAL PLAZA. SUITE 900 4150 INTERNATIONAL PL FORT WORTH TX 76109 FORT WORTH TX 76109			AZA. SUITE 900		
				OO NOT MOITS IN	110 001 05
}				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
9 Principal P	face of Business	2a. Mailing Address		08/08/1996 4, FEI Number	Language
21	idde of Erdsiness	† · 1		75-2202155	Applied For
Suite, Apt	# etc	Suite, Apt #, etc.			Not Applicable \$8.75 Additional
22		27]		5. Certificate of Status Desired	Fee Regulred
Crty & State	e	City & State		& Election Compaign Financing	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(1)	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current		11	10. Name and Address of New Registe	
C 1	CORPORATION SYSTEM		81 Name		
	00 SOUTH PINE ISLAND ROAD		201 00 1111		
PLANTATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable)		
	***************************************		63		
			64 City	1	FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	es the above-named corr		
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such change was a	authorized by the corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as registered
,	ті тапшаг міта, алсі ассері тіс оспідсі	ions or, Section 607.0505, Fig	onoa statutes.		
SIGNATURE	Signature, typed or profed name of respectmenting in	t and ble diagola able (NOT)	. Registered Agent signature requi	red when reinstating) DA	TF
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PO	DITETE	1.1 TALE		Change Addition
NAME	WINKLEBLACK, BOBBIE L		1.2 NAME	NONE	
STREET ADDRESS	4150 INTERNATIONAL PLAZA,	SUITE 900	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76109		1.4 CITY-ST-ZIP		
TITLE	DVST	DELETE	2 1 TITLE		Change Addition
NAME	BATTERSON, ROBERT E		22 NAME		
STREET ADDRESS	4150 INTERNATIONAL PLAZA,	SUITE 900	2 3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76109		2 4 CITY-ST-ZIP	£ .	,
TITLE		DELETE	31 TOLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		DLLETE	4.1 THLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP			4.4 CITY - ST- ZIP		
TITLE	***	DELETE	5.1 TITLE		Change Addition
NAME		b	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			-		
TITLE		DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME		P. DELLE	6.2 NAME		Onlings Addition
STREET ADDRESS			1		
			6.3 STREET ADDRESS		
City-St-ZiP	ertify that the information consuled will	. this films done not musliful	6.4 CITY-ST-ZIP	Section 110 07/(3)(i) Elorida Statutos I furthe	as and the that the information

r never commendation information supplied with rins tiling does not quality 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 trustree 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 3/4 address.