

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 9:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G29000 (8)

1. Corporation Name

INTERNATIONAL BUSINESS DEVELOPMENT, INC.

Principal Place of Business

**409 COURTHOUSE SQUARE
INVERNESS FL 34450-4844**

Mailing Address

**409 COURTHOUSE SQUARE
INVERNESS FL 34450-4844**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/23/1983

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 95 SOUTH PINE AVE

2a. Mailing Address

26 P.O. BOX 1871

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 INVERNESS, FLORIDA

27 City & State

28 INVERNESS, FLORIDA

24 Zip

25 Country

34450 USA

29 Zip

30 Country

34451 USA

4. FEI Number

59-2835379

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

**OLIVIER, JACQUES
650 E. DAKOTA CT.
HERNANDO FL 34442**

10. Name and Address of New Registered Agent

81 Name

ROBERT G. DOOLITTLE

82 Street Address (P.O. Box Number is Not Acceptable)

95 SOUTH PINE AVE

83

84 City

INVERNESS

FL

85 Zip Code

34450

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

Robert G. Doolittle

ROBERT G. DOOLITTLE

4/25/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPST
ROBERT G. DOOLITTLE
1807 COLONADE ST.
INVERNESS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
JACQUES OLIVER
650 E. DAKOTA CT.
HERNANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
CHRISTIAN ALLHOFF
409 COURTHOUSE SQUARE
INVERNESS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

95 SOUTH PINE AVE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

95 SOUTH PINE AVE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Robert G. Doolittle

ROBERT G. DOOLITTLE

4/25/95

94764717

(Signature and typed or printed name of signing officer or director)

(Date)

(Filing Number)