

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H61366 (1)

1. Corporation Name

INTERNATIONAL BUSINESS & TECHNOLOGY INC.

Principal Place of Business

**9428 BAYMEADOWS RD
STE 108
JACKSONVILLE FL 32256
US**

Mailing Address

**PO BOX 5248
JACKSONVILLE FL 32247-5248
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/11/1985	3a. Date of Last Report 04/28/1994
4. FEI Number 59-2571571	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. 119.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 9428 BAYMEADOWS RD
22 City & State	27 SUITE 108
23 Zip	28 JACKSONVILLE, FL
24 Country	29 32256
	30 U.S.A.

9. Name and Address of Current Registered Agent

**SHAIKH, M. ASHRAF
7901 BAYMEADOWS CIR E #497
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10102 N. LEISURE LANE
83 City
84 State 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

M. ASHRAF SHAIKH, PRESIDENT

(NOTE: Registered Agent signature required when applicable)

DATE

4-25-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME SHAIKH, M. ASHRAF	1.1 TITLE P/S/T/D	☒ Change ☐ Addition
STREET ADDRESS 7901 BAYMEADOWS CIR E 497		1.2 NAME	
CITY - ST - ZIP JACKSONVILLE FL		1.3 STREET ADDRESS 10102 N. LEISURE LANE	
		1.4 CITY - ST - ZIP JACKSONVILLE, FL 32256	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

M. ASHRAF SHAIKH

4-25-95

904/730-2163