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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT Compration Name	#	J1	61	37

(8)

IBF INDUSTRIES INCORPORATED							
Frincipal Flace of Business 7933 N ARMENIA AVE TAMPA FL 33604		Mailing Address 7933 N ARMENIA AVE TAMPA FL 33604				(1 61016 0100 1)	JJJ 13011 4001
				3. Date Incorporated or Qualified 05/23/1986		e of Last Re	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number			Applied For
21		26		59-2897363			Not Applicable
Suite, Apt. #	, enc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		•	Additional Regulred
City & State		City & State		6. Election Campaign Financing			0 May Be
3		28		Trust Fund Contribution		Added	d to Fees
2ip 4	Country 25	Ζηρ 29	Country 30	This corporation has liability for Florida Statutes	rintangible ta s ∏ No	x under s	199.032,
.71	9. Name and Address of Curi	I	30]	10. Name and Address of New		Agent	
			81 Name		. togisto. bu	- Agoin	
	Wayne L. X Hunt dr. 1L 33624		83	ress (P.O. Box Number is Not Accepta	ble)		
			84 City		FL	85 Zip	p Code
SIGNATURE 12.	PD	pert and the it apple at \$\left(\chi\) AND DIRECTORS \[\begin{array}{c} \DELETE \end{array}	OTE: Registered Agent signature require 13. 1 1 TITLE	d when renstating) ADDITIONS/CHANGES TO OF		DIRECTO	PRS IN 12
NAME SUBELL ADDRESS ONLY: STE ZIP	COLLER, WAYNE L. 4808 FOX HUNT DR TAMPA FL		1.2 NAME 1.3 STREET ADDRESS		•		
III'I Ouit-21' Yu.	\$	[] DELETE	1.4 City - ST - ZiP 2 1 Title			Change	☐ Addition
NAMÉ	COLLER, NANCI J.		2 2 NAME				
STHEFT ADDRESS	4808 FOX HUNT DR.		23 STREET ADDRESS				
ONY STIZE	TAMPA FL		24 CITY-ST-ZIP				
IIREF		☐ DELETE	3 1 TITLE		Ī	Change	Addition
NAME STREET ADORESS			3 2 NAME				
CHY ST ZEE			3.3 STREET ADDRESS				
THE		DELETE	3.4 C·1Y - S1 - ZIP 4.1 TITLE			Change	Addition
NAME		bourt .	4.2 NAME		L		
STHEET ADDRESS			4.3 STREET ADDRESS				
CITY ST ZIP			4 4 CHTY - ST - ZIP				
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NAM:			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
C IY-ST-Zir		FTT DECESE	5 4 CITY - ST - ZIP				
f IEE		☐ DELETE	6 1 1111.6		(Change	Addition
NAME STREFT ADDRESS			6.2 NAME				
STREET AUUR: SS CHY+S1+ZIP			6 3 STREET ADDRESS				
14. I do hereby	certify that the information supplie	d with this filing is voluntarily fun	6 4 City-St-ZiP nished and does not qualify f	or the exemption stated in Section 119	3.07(3)(k) Flo	orida Statuti	es. Lfurther
certify that ooth that I	the information indicated on this ar	mual report or supplemental and	nual report is true and accura	ate and that my signature shall have the sreport as required by Chapter 607, F	lenal amea a	offeet acid	made under

SIGNATURE:

MULTINE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/94 Date

813-931-8181