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 20 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L27227** **(2)**

1. Corporation Name

IBIS CLUB OPERATIONS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD., STE. 1100 W. PALM BEACH FL 33401-2323	% LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD., STE. 1100 W. PALM BEACH FL 33401-2323

3. Date Incorporated or Qualified: **11/03/1989**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **65-0161984** ☐ 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	10. Name and Address of New Registered Agent
ECCLESTONE, LLWYD JR. **1555 PALM BEACH LAKES BLVD** **SUITE 1100** **WEST PALM BEACH FL 33401**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	ECCLESTONE, E. LLWYD, JR	12 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, COLIN	22 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	SV	31 TITLE	☐ Change ☐ Addition
NAME	ECCLESTONE, E. LLWYD III	32 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	EVP	41 TITLE	☐ Change ☐ Addition
NAME	JERMAN, RICHARD A	42 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	COOPER, RON	52 NAME	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL.	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 trustee empowered to execute the 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: Ron Cooper _____ 4/5/95 407/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0245347 CP