

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L27227** (2)  
1. Corporation Name  
**IBIS CLUB OPERATIONS, INC.**

Principal Place of Business <b>% LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD., STE. 1100 W. PALM BEACH FL 33401-2323</b>	Mailing Address <b>% LLWYD ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD., STE. 1100 W. PALM BEACH FL 33401-2323</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/03/1989</b>	
21		26		4. FEI Number <b>65-0161984</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**ECCLESTONE, LLWYD JR.  
1555 PALM BEACH LAKES BLVD  
SUITE 1100  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>ECCLESTONE, E. LLWYD, JR</b>	
STREET ADDRESS	<b>1555 PALM BCH LKS BLVD.</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, COLIN</b>	
STREET ADDRESS	<b>1555 PALM BCH LKS BLVD</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>ECCLESTONE, E. LLWYD III</b>	
STREET ADDRESS	<b>1555 PALM BCH LKS BLVD</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>COOPER, RON</b>	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	<b>GAMMON, NANNETTE</b>	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD 1100</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEYENDECKER, HELENA</b>	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD 1100</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>S Arlene Evans</b>
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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- Ron Cooper

4/15/98 561/686-2000

CR2E034 (10/97)