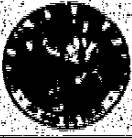


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L27228** (0)

1. Corporation Name
IBIS DEVELOPMENT COMPANY

APPROVED
AND
FILED

95 APR 19 AM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**% E. LLWYD ECCLESTONE, JR.
1555 PALM BEACH LAKES BLVD., STE. 1100
W. PALM BEACH FL 33401**

Mailing Address
**% E. LLWYD ECCLESTONE, JR.
1555 PALM BEACH LAKES BLVD., STE. 1100
W. PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/03/1989

3a. Date of Last Report
04/20/1994

4. FEI Number
65-0171617

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fees 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

25 Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CD
ECCLESTONE, E. LLWYD, JR
1555 PALM BCH LAKES BLVD
W. PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
LEYENDECKER, HELENA
1555 PALM BCH LKS BLVD.
W. PALM BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
ECCLESTONE, E. L III
1555 PALM BEACH LAKES BLVD
W. PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
COOPER, RON
1555 PALM BEACH LKS BLVD
W PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**EVP
JERMAN, RICHARD A
1555 PALM BCH LAKES BLVD., STE 1100
W PALM BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

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: **Ron Cooper**  4/5/95 407/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)