

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**05 APR 20 AM 11:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L35782 (6)**

1. Corporation Name  
**IBIS REALTY ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**C/O E. LLWYD ECCLESTONE  
1555 PALM BEACH LAKES BLVD., SUITE 1100  
WEST PALM BEACH FL 33401**      **C/O E. LLWYD ECCLESTONE  
1555 PALM BEACH LAKES BLVD., SUITE 1100  
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/08/1989**      **04/20/1994**

4. FEI Number      Applied For  
**65-0162453**       Not Applicable

5. Certificate of Status Desired      **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing      **\$5.00 May Be  
Trust Fund Contribution**  Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,  
Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**ECCLESTONE, E. LLWYD  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ECCLESTONE, E. LLWYD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1555 PALM BEACH LKS BLVD	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V RANDOLPH, B. E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1555 PALM BCH LKS BLVD	2.2 NAME	
STREET ADDRESS	W. PALM BCH. FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	S LEYENDECKER, HELENA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1555 PALM BCH LKS BLVD	3.2 NAME	
STREET ADDRESS	W. PALM BCH. FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V YAHN, WILLIAM D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1555 PALM BCH LAKES BLVD., STE 1100	4.2 NAME	
STREET ADDRESS	W. PALM BCH FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	EVP JERMAN, RICHARD A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1555 PALM BCH LAKES BLVD., STE 1100	5.2 NAME	
STREET ADDRESS	W. PALM BCH FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:** *E. Llwyd Ecclestone, Jr.*      *R. Sherman*      4/5/95      407/686-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #