

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 11:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L62229 (4)

1. Corporation Name

IBIS LAKES CO.

Principal Place of Business

**C/O E. LLWYD ECCLESTONE, III
1555 PALM BCH. LAKES BLVD., S-1100
WEST PALM BCH. FL 33401**

Mailing Address

**C/O E. LLWYD ECCLESTONE, III
1555 PALM BCH. LAKES BLVD., S-1100
WEST PALM BCH. FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/28/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0185066

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 § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ECCLESTONE, E. LLWYD, III
1555 PALM BCH. LAKES BLVD.
S-1100
WEST PALM BCH. 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

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

(NOTE: Registered Agent signatures required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **ECCLESTONE, E. LLWYD III**
STREET ADDRESS **1555 PALM BCH LAKES BLVD**
CITY - ST - ZIP **WEST PALM BCH. FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D/P

☒ Change ☐ Addition

TITLE **S**
NAME **~~OSTER, KATHY~~**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD**
CITY - ST - ZIP **W. PALM BEACH FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

BRENNER, MICHAEL

☒ Change ☐ Addition

TITLE **AS**
NAME **SZYMANSKI, WILLIAM**
STREET ADDRESS **1555 PALM BCH LKS BLVD**
CITY - ST - ZIP **W PALM BEACH FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **COOPER, RON**
STREET ADDRESS **1555 PALM BCH LKS BLVD**
CITY - ST - ZIP **W PALM BEACH FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 addition.

SIGNATURE: Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

407/686-2000

(Type)

(Type Name)