

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 05 1996 8:00 am
Secretary of State

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/28/1990

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0185866

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

ECCLESTONE, E. LLWYD, III
1555 PALM BCH. LAKES BLVD.
S-1100
WEST PALM BCH. 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 DP
NAME ECCLESTONE, E. LLWYD III
STREET ADDRESS 1555 PALM BCH LAKES BLVD
CITY-ST-ZIP WEST PALM BCH. FL

TITLE S
NAME ~~BRENNER, MICHAEL~~
STREET ADDRESS 1555 PALM BEACH LAKES BLVD
CITY-ST-ZIP W. PALM BEACH FL

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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 119.07(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: E. Llywd Ecclestone III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 407/627-1270

Date

Daytime Phone #

CR2E034 (12/95)