FILED · FILE'NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) IBIS LAKES CO. Principal Place of Business Mailing Address C/O E. LLWYD ECCLESTONE. III C/O E. LLWYD ECCLESTONE. HI 1555 PLAM BCH. LAKES BLVD., S-1100 1555 PLAM BCH. LAKES BLVD., S-1100 DO NOT WRITE IN THIS SPACE WEST PALM BCH. FL 33401 WEST PALM BCH. FL 33401 3. Date Incorporated or Qualified 03/28/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0185866 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ECCLESTONE, E. LLWYD, III 1555 PALM BCH. LAKES BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) 83 WEST PALM BCH. FL 33401 84 City 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) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition ECCLESTONE, E. LLWYD III NAME 1.2 NAME 1555 PALM BCH LAKES BLVD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BCH. FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TATLE NANNETTE GAMMON 2.2 NAME NAME 1555 PALM BEACH LAKES BLVD STREET ADDRESS 2.3 STREET ADDRESS W. PALM BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE ΕV COOPER, RON NAME 3.2 NAME 1555 PALM BCH LKS BLVD 3.3 STREET ADDRESS STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP 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. MAR

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

Ron Cooper

3/20/98

561/686-2000

Addition

Change