

FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90029 004 ****61.25

03-17-1999 90029 005 *****5.00

03-17-1999 90029 006 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001284

1. Corporation Name

**COMMITTEE ACTION FOR RELIEF OF DEPARTMENT OF ART
IBONITE, INC.**

Principal Place of Business

1029 S. F STREET.#2
LAKE WORTH FL 33460

Mailing Address

1029 S. F STREET.#2
LAKE WORTH FL 33460



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

65-0832201

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

9. Name and Address of Current Registered Agent

RAYMOND, ISRA
1029 S. F STREET.#2
LAKE WORTH FL 33460

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 617.0502 and 617.1508, 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 617.0503, 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 **D** ☐ DELETE

NAME **RAYMOND, ISRA**
STREET ADDRESS **1029 S. F STREET.#2**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **ALCI** ☐ DELETE

NAME **US, LOUIS B**
STREET ADDRESS **1105 S. G.#8**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D** ☐ DELETE

NAME **GILLES, MICKEL PIERRE**
STREET ADDRESS **905 S. RIDGE ST**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D** ☐ DELETE

NAME **GEDEON, MORELUS**
STREET ADDRESS **726 N. G, APT C**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D** ☐ DELETE

NAME **MICHEL, FRITZ**
STREET ADDRESS **1030 S. C ST.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ DELETE

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
President

1/19/99
Date

(561)586-3535
Daytime Phone #

CR2E037 (11/98)