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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P93000022863 (3)

INVESTMENT BUILDING GROUP, INC.

Mailing Address Principal Place of Business 1 HIBISCUS RD 1 HIBISCUS RD BELLEAIR FL 34616-1515 BELLEAIR FL 34616 3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1993 04/23/1996 2a. Mailing Address Applied For 2. Principal Place of Business 4. FEI Number 2700 E. BOY Drive 59-3228318 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 200 Fee Required 22 City & State City & State \$5.00 May Be 6. Efection Campaign Financing Added to Fees Orgo Trust Fund Contribution 23 33771 Country 8. This corporation has liability for intangible tax under s. 199.032, WA 24 25 30 Florida Statutes Yes I No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name (coper, Larn, T.

Street Address (P.O. Box Number is Not Acceptable) 81 COOPER, LARRY T 1 HIBISCUS RD 62 **BELLEAIR FL 34616 B3** Largo 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. Stignature, typed or printed name of registered agent and title 4 applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE 1016 COOPER, LARRY T NAME 1.2 NAME 1 HIBISCUS RD STREET ADDRESS 1.3 STREET ADDRESS **BELLEAIR FL 34616** 1.4 CITY-ST-ZIP CHTY - S1 - ZIP Change Addition THLE 2.1 TITLE COOPER, MONICA 2.2 NAME NAME 1 HIBISCUS RD 2.3 STREET ADDRESS STREET ADORESS BELLEAIR FL 34616 2. 4 CITY-ST-ZIP CHY-S1-Z0: A. and Change HILE 3.1 TITLE NAME HAY, CHARLES P 3.2 NAME 1 HIBISCUS RD STREET ADDRESS 3.3 STREET ADDRESS **BELLEAIR FL 34616** 3.4. CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition THE 4.1 TITLE 4. 2 NAME NAMi 4.3 STREET ADDRESS STREET ADORESS C(1Y-ST-2IF 4.4 CITY-ST-ZIP DELETE Change Addition TIFLE 51 TITLE NAME 52 NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CDY-S1-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do 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 armual 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

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (8

FILED

Apr 25 1997 8:00am

Secretary of State

(813) 538-9193