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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

P93000066033 (0) **DOCUMENT #**

IBT CENTRAL EUROPE, INC		
Principal Place of Business	Mailing Address	
811 S.E. 31ST ST. BOCA RATON FL 33432	811 S.E. 31ST ST. BOCA RATON FL 33432	



				Date Incorporated or Qualified 09/16/1993	09/16/1993 07/06/1995				
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26	454			65-0440001		Not Applicable	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		. 75 Additional ee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees	
Zip 24	Country 25	Zip 29	30	Country		8. This corporation has liability for Florida Statutes	intangible tax unde \ No	rs 199.032,	
<u> </u>	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	legistered Agent		
				81	Name)			
GLEESON, KERRY				82	Stree	Address (P.O. Box Number is Not Acceptable)			
	811 S.E. 31ST ST. BOCA RATON FL 33432			83					
				84	Crty		85	Zip Code	
or registere familiar with SIGNATURE	the provisions of Sections 607.050; d agent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such change was author tion 607.0505, Florida Statute	rized by: es.	tne corp	oration'	corporation submits this statement for the pu s board of directors. I hereby accept the app required when reinstating)	rpose of changing jointment as registe	its registered office ired agent. I am	
12.		ID DIRECTORS		13.	i signa are	ADDITIONS/CHANGES TO OFF		TORS IN 12	
TILE	D	DELETE		1. 1 TITLE		7,001101101010111102010011	☐ Chan		
NAME	GLEESON, KERRY			1.2 NAME				<i>.</i> · ·	
STREET ADDRESS	811 SW 31ST ST.		1	1.3 STREET	ADORESS				
CITY-S1-ZIP	BOCA RATON FL		I	1.4 CHY-S	T-21P		,		
TITLE	8	DELETE		2. 1 TITLE		9	Chan	ige 🔲 Addition	
MAME	dilirson, Peter		ı	2.2 NAME		Diurson, Peter			
STREET ADDRESS	IBT GERMANY FLURSTRASS			2 3 S1R561	ADDRESS	Via M bonzaga 7 I-20123 Hilano, ITA	4		
CITY - S1 - 7IF	D-63073 OFFENBACH GERN			2.4 CITY - S	1- <i>7</i> (P	1-20123 Milano, 11		——————————————————————————————————————	
TITLE		DELETE		3. 1 TITLE		VP	☐ Chan	nge 🖸 Addition	
NAME				3.2 NAME		Magnusson, Eric 1180 AR Amstelveen			
STREET ADDRESS				3.3. STREE		Westelyk Halfrond 429	THE NETHER	PLANDS	
CHY-S1-7IP THLE		[] DECETE	***************************************	3.4 CITY - S 4. 1 TITLE	51 - ZIP	· · · · · · · · · · · · · · · · · · ·	[] Chan		
NAME		L.I MACK		4.2 NAME			\$11a11	the same of the sa	
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY - S1 - 7IP				4.4 CITY-S					
TILE		DELETE		5. 1 TITLE			☐ Chan	nge 🔲 Addition	
NAME				5.2 NAME	: 1	5000018	34765	ı	
STREET ADDRESS				5.3 STREES	Ť		055046		
CITY - ST - ZIP				5.4 CITY - S	17-71P	***200.00			
TITLE		DELETE		6 1 TITLE			Chan	nge 🔲 Addition	
NAME			- 1	6.2 NAME					
STREET ADDRESS]	6.3 STREET	ADDRESS	;	بر اسم	alma	
CHTY - ST - 7IP			1	6.4 CITY - S	31 - ZIF			96 OR	

14. Too hereby certify that the information supplied with this firing 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 of 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 receivor 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 in pranged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytimo Phone #