FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-1-95 B-6542 XC

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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064142 (0)

1. Corporation Name

IBW ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1843 MAGIE'S CT. OVIEDO FL 32765	1843 MAGIE'S CT. OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 300 W. Mitchell Hammock Rd	26 300 W. Mitchell Hammock Rd
Suite, Apt #, etc. 22 # 2	Suite, Apt #, etc. 27 # 2
City & State 23 Oviedo	City & State 28 Oviedo
Zip 24 32765 / Country 25 USA	Zip 29 32765 / Country 30 USA

4. FEI Number: 59-3264735 ☐ 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	10. Name and Address of New Registered Agent
STEWART, CYNTHIA 1843 MAGIE'S CT. OVIEDO FL 32765	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: Cynthia Stewart — Date: 5/4/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	President	☐ Change ☑ Addition
NAME		1.2 NAME	Cynthia Stewart	
STREET ADDRESS		1.3 STREET ADDRESS	1843 Magie's Ct	
CITY ST ZIP		1.4 CITY ST ZIP	Oviedo, FL 32765	
TITLE		2.1 TITLE	Vice President	☐ Change ☑ Addition
NAME		2.2 NAME	Steven E. Stewart	
STREET ADDRESS		2.3 STREET ADDRESS	1843 Magie's Ct	
CITY ST ZIP		2.4 CITY ST ZIP	Oviedo, FL 32765	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		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: Cynthia Stewart — Cynthia Stewart — 5/4/95 — (407) 365-3306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0416445 FP