


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000011808 (0) 1. Corporation Name IGB ASSOCIATES, INC.			
Principal Place of Business 618 TROPICAL BREEZE WAY TAMPA FL 33602 US		Mailing Address 618 TROPICAL BREEZE WAY TAMPA FL 33602 US	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1181 Shipwatch Circle Suite, Apt. #, etc.		2a. Mailing Address 25 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/10/1994	
22 City & State 23 Tampa, Fla.		27 City & State 28		4. FEI Number 59-3229684 Applied For Not Applicable	
24 Zip 33602		29 Country USA		5. Certificate of Status Desired 8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BUCHMAN, IRIS G 618 TROPICAL BREEZE WAY TAMPA FL 33602				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 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GRANT, SHIRLEY	1.1 TITLE	
NAME	7035 N.W. 49TH PLACE	1.2 NAME	
STREET ADDRESS	LAUDERHILL FL 33319	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P BUCHMAN, IRIS G	2.1 TITLE	
NAME	618 TROPICAL BREEZE WAY	2.2 NAME	
STREET ADDRESS	TAMPA FL 33602	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Iris G. Buchman

1/25/98

CR2EC34 (10/97)