


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90117 007 ***150.00

0383790

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000011808					
1. Corporation Name IGB ASSOCIATES, INC.					
Principal Place of Business 1181 SHIPWATCH CIRCLE TAMPA FL 33602 US			Mailing Address 618 TROPICAL BREEZE WAY TAMPA FL 33602 US		
2. Principal Place of Business		2a Mailing Address		3. Date Incorporated or Qualified 02/10/1994	
21	Suite, Apt. #, etc.	26	1181 Shipwatch Circle	4. FEI Number 59-3229684	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Tampa, FLA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	33602	30	USA
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BUCHMAN, IRIS G 618 TROPICAL BREEZE WAY TAMPA FL 33602			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			FL		
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					
TITLE	D <input type="checkbox"/> DELETE				
NAME	GRANT, SHIRLEY				
STREET ADDRESS	7035 N.W. 49TH PLACE				
CITY-ST-ZIP	LAUDERHILL FL 33319				
TITLE	P <input type="checkbox"/> DELETE				
NAME	BUCHMAN, IRIS G				
STREET ADDRESS	618 TROPICAL BREEZE WAY				
CITY-ST-ZIP	TAMPA FL 33602				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS	10142 Dover Carriage LAWE				
1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467				
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS	1181 Shipwatch Circle				
2.4 CITY-ST-ZIP	Tampa, FL. 33602				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

Iris G. Buchman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

813-226-8810
Daytime Phone #

CR2E034 (11/98)