

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

CORPORATION ANNUAL REPORT 1995

FLORENCE DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **094000017966**

1. Corporation Name
IBS EXPRESS, INC.

Principal Place of Business Mailing Address

**6304 Benjamin Road
 Suite 507
 Tampa, FL 33634**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip Country **28** Zip Country

24 **25** **29** **30**

APPROVED AND FILED

1995 MAY -1 PM 1:16

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **3/11/94** 3a. Date of Last Report

4. FEI Number **58-2100883** 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

**Randy Charles Lazenby
 4519 W. Lambricht Street
 Tampa, FL 33614**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Chief Executive Officer
NAME	Albert D'Elia
STREET ADDRESS	4799 Aviation Pkwy, Suite D
CITY, ST, ZIP	Atlanta, GA 30349
TITLE	President
NAME	Randy Lazenby
STREET ADDRESS	4519 W. Lambricht St
CITY, ST, ZIP	Tampa, FL 33614
TITLE	Vice President
NAME	Helen Marie Lazenby
STREET ADDRESS	4519 W. Lambricht St
CITY, ST, ZIP	Tampa, FL 33614
TITLE	Secretary
NAME	Laura D'Elia
STREET ADDRESS	4799 Aviation Pkwy, Suite D
CITY, ST, ZIP	Atlanta, GA 30349
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		500001404338 on
1.2 NAME		-05/03/95--01170--022
1.3 STREET ADDRESS		****200.00 ****200.00
1.4 CITY, ST, ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
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	<i>del</i>	
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP	<i>5-1</i>	

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(2)(b), 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: *Albert D'Elia* ALBERTO DELIA 4/19/95 404-761-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #