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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000064142 (0)

1. Corporation Name

IBW ENTERPRISES, INC.



Principal Place of Business

300 W. MITCHELL HAMMOCK RD  
SUITE 2  
OVIEDO FL 32765  
US

Mailing Address

300 W. MITCHELL HAMMOCK RD  
SUITE 2  
OVIEDO FL 32765-8809  
US

2. Principal Place of Business

21 5760 Michelle Lane

Suite, Apt. #, etc.

22

City & State  
23 Sanford, FL

Zip Country  
24 32771 25 USA

2a. Mailing Address

26 5760 Michelle Lane

Suite, Apt. #, etc.

27

City & State  
28 Sanford, FL

Zip Country  
29 32771 30 USA

3. Date Incorporated or Qualified

08/26/1994

3a. Date of Last Report

03/21/1996

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

STEWART, CYNTHIA  
1843 MAGIE'S CT.  
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

Stewart, Cynthia

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

5760 Michelle Lane

83

84 City

Sanford

FL

85 Zip Code

32771

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STEWART, CYNTHIA  
STREET ADDRESS 1843 MAGIE'S CT  
CITY-ST-ZIP OVIEDO FL

TITLE VP ☐ DELETE

NAME STEWART, STEVEN E  
STREET ADDRESS 1843 MAGIE'S CT  
CITY-ST-ZIP OVIEDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5760 Michelle Lane  
Sanford, FL 32771

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5760 Michelle Lane  
Sanford, FL 32771

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Cynthia Stewart 4/18/97 (407)323-

CR2E034 (9/96)