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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400064142 1. Corporation Name

IBW ENTERPRISES, INC.

5760 MICHELLE LANE

SANFORD FL 32771

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SUITE 2

US .

21

22

23

24

Zip

Mailing Address Principal Place of Business

Country

9. Name and Address of Current Registered Agent

25

5760 MICHELLE LANE SUITE 2 SANFORD FL 32771

Suite, Apt. #, etc.

City & State

Zip

27

28

29

2a. Mailing Address 26

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90014 041 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed			
08/26/1994		<u> </u>	
 4. FEI Number	Applied For		
59-3264735	Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
Election Campaign Financing     Trust Fund Contribution			
This corporation owes the curr Personal Property Tax.	ent year	Intangible ☐ Yes ☐ No	

STEWART, CYNTHIA **5760 MICHELLE LANE** SANFORD FL 32771

Т	10. Name and Address of New Registered Agent							
1	B1	Name						
- [								
- [	82	Street Address (P.O. Box Number is Not Acceptable)						
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- Ta	83	一直 一直 医二甲基乙二氏氏试验检 医神经氏病 化氯化丁烷						
-	ĺ							
- 17	84	City 85 Zip Code						
l'	۱.	, <b>FL</b>						
		and appropriate submits this statement for the number of changing its registered						

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.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.		□ DELETÉ	1.1 TITLE	(A) (A)(A)		Addition			
TITLE	P			A STATE OF THE STA	-				
NAME	Stewart, Cynthia _		1.2 NAME			}			
STREET ADDRESS	5760 MICHELLE LANE		1.3 STREET ADDRESS						
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP			Addition			
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change	Addition			
NAME	STEWART, STEVEN E		2.2 NAME			ļ			
STREET ADDRESS	5760 MICHELLE LANE		2.3 STREET ADDRESS		• ,				
l l	SANFORD FL		2.4 CITY-ST-ZIP						
CITY-ST-ZIP	OAM OND TE	☐ DELETE	3.1 TITLE		Change [	☐ Addition			
			3.2 NAME	*		- 1			
NAME			3.3 STREET ADDRESS	,					
STREET ADDRESS						<b>'</b>			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change {	Addition			
TITLE		DELETE	4.1 TITLE	•	3 11 □ outside 1				
NAME			4, 2 NAME	.4.2					
STREET ADDRESS			4.3 STREET ADDRESS	• •					
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP	·					
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition			
NAME			5.2 NAME	* * * * 4					
			5.3 STREET ADDRESS		•				
STREET ADDRESS			5.4 CITY-ST-ZIP	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	•				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change	Addition			
TMLE		[ ] PETELE	6.2 NAME						
NAME			•						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP	and offered Chapter I for					

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 phanged, or on an attachment with an address, with all other like empowered.

SIGNATURE