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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071219 (7)

I B C INTERNATIONAL BUSINESS CONSULTING, INC.

Principal	Place	of B	usin	ess

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



Francipal Pia	ice of Business		Mann	ng Address					
58 CEDAR DUNES DRIVE P.O. BOX 1802 NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32170		DO NOT WRITE IN THIS SPACE							
								3. Date Incorporated or Qualified	
a Principal	Place of Business			Jailing Address				09/28/1994	
	riace of business	<u> </u>	1	ailing Address				4. FEI Number Applied For	
21 Suite, Ap	t # etc		26	ute, Apt. #, etc.				59-3281513 Not Applicable	
22			27					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & St	ate		_ c	ity & State				6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees	
Zip	Ļ, c	Country	Zi	Zip Country				8. This corporation owes or has paid the current year Intangible	
24	25		29		30			Personal Property Tax due June 30. Yes No	
		Address of Current Re	egister	ed Agent				10. Name and Address of New Registered Agent	
u	EGER, JUERGEN					B1	Name	me	
51	B CEDAR DUNES	DRIVE				82	Street	eet Address (P.O. Box Number is Not Acceptable)	
N	EW SMYRNA BEA	ICH FL 32169				51/eet Address (P.O. Box number is Not Acceptable)			
F .	21					83			
						84	City	FL 85 Zip Code	
11. Pursuan	t to the provisions o	f Sections 607.0502 ar	nd 607	1508 Florida Sta	tutes the	above	-named	and corporation submits this statement for the purpose of changing its registered	
office or	registered agent, o	r both, in the State of F	lorida	Such change wa	as authori	zed by	the cor	corporation's board of directors. I hereby accept the appointment as registered	
_		d accept the obligation	is oi, 5	ection 607.0505,	Florida S	tatutes			
SIGNATURE	Signature hand or ower	ed name of registe and against time	رو از داداداد	adjouble (6	NOIL Posin	and Ann	at signatur	ature required when reinstating) DATE	
12.	engliatore typical to provide	OFFICERS AND DI			1:		it signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD			DELETE		1 TITLE	ج کر	3 - Secretary _ Ghange Addition	
NAME	LEGER, JUEF	(GEN				2 NAME	. دير	GISELA E. LEGER	
STREET ADDRESS	do OFRIR DI						********	00 St. C. 2 . A China	
		A BEACH FL 32169				STREET		SS 58 Cedar Junes Drive NEW SMYRNA BEACH, FL 32169	
CITY-ST-ZIP TITLE	TIET CHITTE	A DENOTITE OF 109		DELETE		CITY-SI	- ZIP		
				☐ pureit		TITLE		☐ Change ☐ Addition	
NAME						2 NAME			
STREET ADDRESS	'				2.3	STREET	address	SS	
CITY-ST-ZIP	<u> </u>			1 60.000		4 CITY - S	r - ZIP		
TITLE				☐ DELE te	3.1	TITLE		LJ Change LJ Addition	
NAME					3.2	NAME			
STREET ADDRESS	:				3.3	STREET A	ADDRESS	ss	
CITY-ST-ZIP					3.4	L CITY-S	I-ZIP		
TITLE				DELETE	4.1	TITLE		Change Addition	
NAME	1				4.	2 NAME			
STREET ADDRESS	: [4.3	STREET A	ADDRESS	ss	
CITY-ST-ZIP					4.4	CITY-ST	- ZIP]	
TITLE				DELETE		TITLE		Change Addition	
NAME						NAME			
STREET ADDRESS	.1					STREET	ADDRESS	ss	
CITY-ST-ZIP						CITY-ST			
TITLE	 -			DELETE		TITLE	£11	☐ Change ☐ Addition	
NAME						NAME		Z Visings Visualiton	
STREET ADDRESS						STREET A	hnoree	00	
								33	
CITY-ST-ZIP	and E. Nort the Inde				6.4	CITY-ST	- ZIP		

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.

4-7--00

904-428-9126