

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000001871 (9)**

1. Corporation Name  
**INTERNATIONAL BUS SALES, INC.**



Principal Place of Business: **709 SHORE DRIVE OLDSMAR FL 34667**  
Mailing Address: **709 SHORE DRIVE OLDSMAR FL 34667**

3. Date Incorporated or Qualified: **01/09/1995**  
3a. Date of Last Report: **1/09/95**

2. Principal Place of Business:  
21 **11710 N. Hwy 301**  
22 Suite, Apt. #, etc.  
23 **Thonotosassa, FL**  
24 **33592** 25 **U.S.A.**  
26 **Po Box 1534**  
27 Suite, Apt. #, etc.  
28 **OLDSMAR FL**  
29 **34677** 30 **USA.**

4. FEI Number: **59 329 1455**  
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**

**WALSH, MICHAEL J  
709 SHORE DRIVE  
OLDSMAR FL 34667**

**10. Name and Address of New Registered Agent**

81 Name: **WALSH, MICHAEL J**  
82 Street Address (P.O. Box Number is Not Acceptable): **11710 N. Hwy 301**  
83 City & State: **THONOTOSASSA FLORIDA**  
84 City: **FL** 85 Zip Code: **33592**

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 set forth in 607.0503, Florida Statutes.

SIGNATURE: *[Signature]*

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSH, MICHAEL J</b>	
STREET ADDRESS	<b>709 SHORE DRIVE</b>	
CITY - ST - ZIP	<b>OLDSMAR FL 34667</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSH, MICHAEL J</b>	
STREET ADDRESS	<b>709 SHORE DRIVE</b>	
CITY - ST - ZIP	<b>OLDSMAR FL 34667</b>	
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	<b>WALSH MICHAEL J</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>11710 N. Hwy 301</b>	<b>PVST.</b>
1.3 STREET ADDRESS	<b>THONOTOSASSA FL</b>	<b>33592</b>
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	<b>600001886176</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-07/08/96--01045--016</b>	
5.3 STREET ADDRESS	<b>***200.00</b>	
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 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(3)(k), Florida Statutes. I further certify that the information indicated in 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 as an officer or director with an address.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1.22.95**  
**813 781 9801**

CR2E034 (12/95)