

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000035438 (7)

1. Corporation Name  
IBC/CL, INC.



Principal Place of Business Mailing Address  
730 W MCNAB ROAD 730 W MCNAB ROAD  
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report
4. FEI Number 65-0578663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BRADY, GERALD J  
C/O INTERNATIONAL BEDDING CORPORATION  
730 W MCNAB ROAD  
FORT LAUDERDALE FL 33309

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
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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

(Signature typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	DELETED
STREET ADDRESS	ELLMAN, J. LEON
CITY-ST-ZIP	730 W MCNAB ROAD
STREET ADDRESS	FORT LAUDERDALE FL 33309
TITLE	NAME
NAME	DELETED
STREET ADDRESS	ANTHONY A. PUANY
CITY-ST-ZIP	730 W. MCNAB RD.
STREET ADDRESS	FORT LAUDERDALE, FL 33309
TITLE	NAME
NAME	DELETED
STREET ADDRESS	GERALD J. BRADY
CITY-ST-ZIP	730 W. MCNAB RD.
STREET ADDRESS	FORT LAUDERDALE, FL 33309
TITLE	NAME
NAME	DELETED
STREET ADDRESS	NEIL ELLMAN
CITY-ST-ZIP	730 W. MCNAB RD.
STREET ADDRESS	FORT LAUDERDALE, FL 33309
TITLE	NAME
NAME	DELETED
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	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 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: *G. J. Brady*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.01.96 (954) 977 3094  
Date Daytime Phone #

CR2E034 (12/95)