## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000036037 (6) DOCUMENT'# Corporation Name IBC HOLDINGS, INC. Principal Place of Business Mailing Address 2958 MEDINAH 295R MEDINAH FORT LAUDERDALE FL 33326 FORT LAUDERDALE FL 33326 3. Date Incorporated or Oualified 3a. Date of Last Report 05/08/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For APPLIED FOR 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip 8. This corporation has liability for intangible tax under s. 199 032, 30 Florida Statutes Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COSTIGAN, JOSEPH F 82 Street Address (P.O. Box Number is Not Acceptable) 2958 MEDINAH FORT LAUDERDALE FL 33326 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. Lami familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature System protection in a nating-shoot agree and to flag cook 12 OFFICERS AND DIRECTORS 13. ADD/TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1 1 TITLE COSTIGAN, JOSEPH F NAME 12 NAME 2958 MEDINAH STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33326 CITY-ST-ZIP 1.4 CHY-S1-ZIP DELETE Change TITLE 2 1 T:TLE Addition STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 24 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - 7-P [] DELETE Addition TITLE 4 1 117LE 7000018621**5**7: NAME 4.2 NAME -06/14/96--01034--044 STREET ADDRESS 4.3 STREET ADDRESS \*\*\*200.00 CITY - ST - ZIP 4.4 DITY - S\* - ZIP □ DELETE Change Addition TITLE 5 1 1111 6 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE € + THLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ACORESS C(TY-ST-ZIP 6.4 CITY - S1 - ZIP

14. I do hereby certify that the information supplies with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's gnature shall have the same legal effect as if made under

lo an address.

MING OFFICER OF DIRECTOR

comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

oath, that I am an efficer or di appears in Block 12 or Block

SIGNATURE: X

4/29/96 (718) SZ6 - 5300

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