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 # P9500036037 (6) IBC HOLDINGS, INC.

FILED
May 01 1998 8:00am
Secretary of State

IBC HO	OLDINGS, INC.			
Principal Place	e of Business	Mailing Address		
2958 MEDINAH FORT LAUDERDALE FL 33326		2958 MEDINAH FORT LAUDERDALE FL 3	3326	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				05/08/1995 G5-081G231
2. Principal P	lace of Business	26. Mailing Address		4, FEI Number Applied For
21		26		NOT-APPLICABLE 65-09/6231 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired See Required Fee Required
City & State		City & State		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
	STIGAN, JOSEPH F		81 Name	
2958 MEDINAH			82 Street Add	dress (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33328				,
			83	
			84 City	85 Zip Code
				FL ' '
	to the provisions of Sections 607.0502 egistered agont, or both, in the State or rn familiar with, and accept the obliga	Pland 607.1508, Florida Statut of Florida Such change was a tions of, Section 607.0505, Flo	es, the above-named col authorized by the corpora orida Statutes.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed hame of registered agen	a and title diapplicable (NOT)	E Registered Agent signature requ	uired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COSTIGAN, JOSEPH F		1.2 NAME	
STREET ADDRESS	2958 MEDINAH		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326		1.4 CITY - ST - ZIP	
TULE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
THTLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3 4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZiP	Change Addition
TITLE		L. DEFEIC	5.1 TITLE	Change Addition
NAME .			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	Change Addition
TITLE .			6.1 TITLE	El oranife El vabinon
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 City-St-ZiP	

14. Thereby 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 supplomental armual opport 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 convention of the receiver or invisite employeed 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 an attachment with an address.

SIGNATURE: