

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049587 (5)

1. Corporation Name

IBF ORIGINALS, INC.



Principal Place of Business

Mailing Address

8812 TORREY PINES TERRACE
ORLANDO FL 32819

8812 TORREY PINES TERRACE
ORLANDO FL 32819

4405 Vineland Road
Suite C-10 Orlando FL 32811

3. Date Incorporated or Qualified
06/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4405 Vineland Road

26 4405 Vineland Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C-10

27

City & State

City & State

23 Orlando Florida

28

Zip

Country

Zip

Country

24 32811

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Jean Baker-Finch
STREET ADDRESS 4405 Vineland Road Suite C-10
CITY-ST-ZIP Orlando FL 32811

TITLE VP Sales and Marketing
NAME Peter Williams
STREET ADDRESS 4405 Vineland Road Suite C-10
CITY-ST-ZIP Orlando FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE Peter Williams
12 NAME VP Sales and Marketing
13 STREET ADDRESS 4405 Vineland Road Suite C-10
14 CITY-ST-ZIP Orlando FL 32811

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Williams VP Sales and Marketing

6/17/96

7/16/96

CR2E034 (3/96)