FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Mointhelleonex

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049587 (5)

IBF ORIGINALS, INC.

FILED Apr 30 1997 8:00am Secretary of State

474197 107 1,234,339

Principal Plac 4405 VINELANG BUITE C-10 ORLANDO FL S US	ROAD	Mailing Address 4405 VINELAND ROAD SUITE C-10 ORLANDO FL 32811-7363 US		3. Date Incorporated or Qualified				
2. P(Incipal P	lace of Business	2a. Mailing Address (1 0		4. FEI Number	1 017101		pplied For
21 4465	Unclair a ha	26 1 1 U5 VINCO	nu i	d	59-3333858			ot Applicable
Sulle, Apt.	#, etc. (-10	27 SUIK (40			5. Certificate of Status Desired	\$		Additional equired
23 Of CUN	du, Pl	28 CITY State	L		6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
_ ^{Ζίρ} ጀንፍነ	Country	727611	Coun	ΪΥζΑ	8. This corporation has liability for i			, 199.032
24 500	9. Name and Address of Current	Pegistered Agent	30	<u>UN1</u>	Florida Statutes 10. Name and Address of New Re	Yes Ne		
CT (CORPORATION SYSTEM			B1 Name	IV. Hamo and Hadress of How In-	gioterou Agor		
	SO. PINE ISLAND ROAD		Ĺ,	32 Street Add	ress (P.O. Box Number is Not Acceptab	lo)		
	NTATION FL 33324		1	JE STEEL AUC	iress (r.o. box Number is Not Acceptab	ic)		
			Ī	33				
			Ti	34 City		g== 85	i Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove-named cor	poration submits this statement for the pation's board of directors. I hereby accept	FL urpose of cha	Tiging i	ts registered
agent la	registered agent, or both, in the State of im familiar with, and accept the obligat	ions of, Section 607.0505, Fl	autnorized orida Statu	by the corpora les.	ation's board of directors. I hereby accep	ot the appointr	nent as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and tile it enroceshie (MOI	L: Elpoietered	Agon' tivost va recu	ired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		ECTOF	RS IN 12
TITLE	P	DELETE	11111	.E			Change	Addition
NAME	BAKER-FINCH, IAN		1.2 NAM	A É	,			
STREET ADDRESS	4405 VINELAND ROAD SUITE C	-10	1.3 \$TR	FET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32811	N AFILLE		Y-ST-ZIP			<u></u>	1 44-195-
TITLE NAME	WILLIAMS, PETER	DELETE	2.1 T(T)	ſ		ш	Change	Addition
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CITY-ST-ZIP	ORLANDO FL 32811			Y-ST-ZIP				
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NAME	Minnly Hery Cl	i William	3.2 NAM	ME .			Ť	
STREET ADDRESS	Library Harrison Col	Suite C-16	3.3 STR	LF1 ADDRESS				
CITY-ST-ZIP	Thundow The 'S	2810	3.4. Ch	Y-S1-ZIP				
TITLE		DELETE	4.1 1111	ŀ			Change	Addition
NAME			4. 2 NA	ME				*
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,TITLE		DELETE	511111			L	Change	Addition
NAME STREET ANADESSE			5.2 NAM					
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CITY-ST-ZIP		DELETE	6.1 TOL	(-S1-7 P		П	Change	Addition
NAME		<u></u>	6.2 NAM			السا	. na igv	
STREET ADDRESS				EE1 ADDRESS				
CITY-ST-ZIP			•	r-ST-ZIP				
14 I do berel	by certify that the information supplied	with this filing does not quali	ly for the c	vernation elete	d in Section 119.07(3)(i), Florida Statule	s. I further cert	ify that	the
am an o	of maleated on this annual report of su officer or director of the dumoration or to in Black 13 or Black 13 decreased or	hij receiver of trustee empoy	rue and ad /ered to ex	courage and that recute this repo	of my signature shall have the same lega ort as required by Chapter 607, Florida S	i effect as if m latutes; and th	ade un at my r	.cer oath; thai name