

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

FILED

May 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000083242 (4)

1. Corporation Name
IWPB, INC.

Principal Place of Business
8225 IBIS BLVD
WEST PALM BEACH FL 33412
US

Mailing Address
P.O. BOX 2475
TAX DEPARTMENT 10-88
FARMINGTON HILLS MI 48333-2475
US



2. Principal Place of Business
21 27777 Inkster Road
Suite, Apt. #, etc.
22 MC 10-98
City & State
23 Farmington Hills, MI
Zip Country
24 48334 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30 U.S.A.

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0615809

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WEISSLER, ROBERT I
2200 MUSEUM TOWER
150 WEST FLAGLER ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name
WELLES, PATRICIA G., ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
c/o STEARNS, WEAVER, ET AL
83 150 WEST FLAGLER STREET
84 City MIAMI, FL 85 Zip Code 33130

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 *Patricia G. Welles* PATRICIA G. WELLES ESQ. 5/19/97
(NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BROWN, ROBERT C	
STREET ADDRESS	27777 INKSTER ROAD (10-98)	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HENSON, JEROME	
STREET ADDRESS	27777 INKSTER ROAD (10-98)	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BLOUGH, RICHARD	
STREET ADDRESS	27777 INKSTER ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RUTLAND, TIM	
STREET ADDRESS	2777 INKSTER ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	48334
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	48334
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	27777 Inkster Road
4.4 CITY-ST-ZIP	48334
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Timothy Rutland* TIMOTHY RUTLAND, TREASURER 4/9/97 (810) 473-3076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)