

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000090221 (8)

1. Corporation Name  
SGS AT IBIS, INC.

FILED

97 APR 23 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
222 LAKEVIEW AVENUE  
SUITE 260  
W. PALM BEACH FL 33401

Mailing Address  
222 LAKEVIEW AVENUE  
SUITE 260  
W. PALM BEACH FL 33401-6147

3. Date Incorporated or Qualified 11/04/1996	3a. Date of Last Report
4. FEI Number 65-0704242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1800 Corporate Blvd. Suite, Apt. #, etc. 22 #300 City & State 23 BOCA RATON, FL Zip 24 33431	2a. Mailing Address 26 1800 Corporate Blvd. Suite, Apt. #, etc. 27 #300 City & State 28 BOCA RATON, FL Zip 29 33431	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

KOEPEL, JOEL P  
222 LAKEVIEW AVENUE  
SUITE 260  
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 D NAME KOEPEL, JOEL P STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 260 CITY-ST-ZIP W. PALM BEACH FL 33401	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D P 1.2 NAME Ned L. Siegel 1.3 STREET ADDRESS 1800 Corporate Blvd. N.W. Suite 300 1.4 CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE D, V, S 2.2 NAME Bruce S. Grundt 2.3 STREET ADDRESS 1800 Corporate Blvd. N.W. Suite 300 2.4 CITY-ST-ZIP Boca Raton FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 200002155062-15 4.2 NAME -04/25/97--01053--008 4.3 STREET ADDRESS ****165.00 ****165.00 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

(561)  
998-4200

Date Daytime Phone #