F CGR ANNU	NOW: FILING PROFIT PORATION IAL REPORT 1999	FEE AFTER	FLORIDA DEPARTMENT Katherine Harr Secretary of Stat DIVISION OF CORPOR		T OF STATE rris ate		FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90054 032 ***150.00		
DOCUN 1. Corporation	MENT # P9	7000025 IB, INC.	728						
Principal Place of Business Mailing Address 308 SUNSET AVE. P. O. BOX 250178 HOLLY HILL FL 32117 HOLLY HILL FL 32125-0178 US							DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 03/21/1997		1001 ID11 ID01
2. Principal Pl	ace of Business	2a. № 26	a. Mailing Address				4. FEI Number 59-3457599	\$	plied For t Applicable
Suite, Apt. a	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 / Fee Re	4
City & State			City & State				6. Election Campaign Financing	\$5.00 - Added 1	May Be
Zip	28 Country Zip 25 29 3				Country		8. This corporation owes the current year Personal Property Tax.		
24		ss of Current Registe			81	Name	10. Name and Address of New Register	ed Agent	
308 SUNSET AVENUE HOLLY HILL FL 32117 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					83 84 City			•L	Code
office or re agent. I ai	to the provisions of Sec egistered agent, or both m familiar with, and acc	in the State of Florida.	Such change was aut	nonzea	DV U	ne corporati	on's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATURE	Signature, typed or printed name	of registered agent and title if a	pplicable (NOTE: F	Registered	Agent	signature requir	ed when reinstating) DATE		
12.		FFICERS AND DIREC		13.		1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition
TITLE NAME STREET ADDRESS	DURRANCE, DENNIS 308 SUNSET AVE.			1.2 NAME 1.3 STREET ADDRESS		DDRESS			
CITY-ST-ZIP TITLE	HOLLY HILL FL 32117				1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME STREET ADDRESS	DURRANCE, CLAY 308 SUNSET AVE.			2.2 NA 2.3 ST		DDRESS			
CITY-ST-ZIP	HOLLY HILL FL 32117			-	2.4 CITY-ST-ZIP . 3.1 TITLE			Change	Addition
TITLE NAME STREET ADORESS				3.2 NA	ME	DDRESS			-
CITY-ST-ZIP					TY-ST				
TITLE			DELETE	4 1 TI				Change	Addition
NAME STREET ADDRESS	*.			4. 2 N 4.3 ST		DDRESS			
CITY-ST-ZIP TITLE NAME			DELETE	5.1 TT 5.2 NA	ме		<u></u>	Change	Addition
STREET ADDRESS					REET / TY-ST-	ADDRESS ZIP			
TITLE NAME				6.1 TI 6.2 NA	le Me			Change	Addition
				6.3 ST	REET	DDRESS			

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 ar 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, with all other like empowered. IGNATURE: SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Des

(904) 258-5440 Dayterle Phone #