


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90025 017 \*\*\*150.00

0074503

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000024752**

1. Corporation Name  
**SPECIAL EVENTS/IBF PRODUCTIONS, INC.**



Principal Place of Business 7346 PANACHE WAY BOCA RATON FL 33433	Mailing Address 7346 PANACHE WAY BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/17/1998**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

4. FEI Number  
**65-0740948** 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 owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

**FELDMAN, IRIS B**  
**7346 PANACHE WAY**  
**BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>SDVT</b> <input type="checkbox"/> DELETE
NAME	<b>FELDMAN, IRIS B</b>
STREET ADDRESS	<b>7346 PANACHE WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FELDMAN, IRIS B</b>
STREET ADDRESS	<b>7346 PANACHE WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FELDMAN, SANFORD D</b>
STREET ADDRESS	<b>2710 VALLEY PARK DRIVE</b>
CITY-ST-ZIP	<b>BALTIMORE MD 21209</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ALLSWORTH, E S</b>
STREET ADDRESS	<b>1177 S.E. THIRD AVENUE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *IRIS B FELDMAN* DATE: July 13, 1999 561-750-1171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

596580-90025-17  
P98000024752

*Special Events/IBF Productions, Inc.*

7346 Panache Way ~ Boca Raton, Florida 33433

Phone: (561) 750-1171 Fax: (561) 750-1172

July 13, 1999

RE: Special Events/IBF Productions, Inc.  
Document # P98000024752

To Whom It May Concern:

Please be advised that the above named corporation did not receive the first notice.  
Per instructions from one of your examiners, I am enclosing my check for the \$150.00  
with this note.

Thank you ,



Iris Feldman  
President

Special Events/ IBF Productions