


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90199 039 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000068001 1. Corporation Name IBS GLOBAL, INC.					
Principal Place of Business 564 29TH AVE SW VERO BEACH FL 32968			Mailing Address 564 29TH AVE SW VERO BEACH FL 32968		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 08/04/1998					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 55-0865449	
24		25		29	
26		27		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent POSAVEC, MIROSLAV 564 29TH AVE SW VERO BEACH FL 32968			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 <u>Miroslav Posavec</u> DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOT E: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME Miroslav Posavec STREET ADDRESS 564 29th Ave SW CITY-ST-ZIP VERO BEACH, FL 32968			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		
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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, with all other like empowered.

SIGNATURE: Miroslav Posavec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25/99 561-561-8350
Date Daytime Phone #

CR2E034 (11/98)