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

29

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

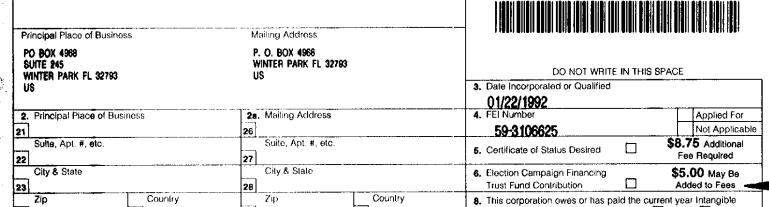
DOCUMENT # V08958

(3)

IBK INVESTMENT & MANAGEMENT, INC.

FILED
May 11 1998 8:00am
Secretary of State

Yes



81 Name

30

9. Name and Address of Current Registered Agent SOUTH, TODD 2439 ALOMA AVE. 26699 LEE RD WINTER PARK FL 32789

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CITY-ST-ZIP

	83				
	84	City	FL	85	Zıp Code
e above-pamed corporation submits this statement for the purpose of changing its registered					

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

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 choffice 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 appoint agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME KITOGRAD, IRA B. 1.2 NAME 2439 ALOMA AVE. #245 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE ___ Change Addition 2130LE TITLE KITOGRAD, MARTA E. 2.2 NAME 2439 ALOMA AVE. #245 2.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 Tille 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ■ Addition DELETE Change 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 too and accurate and that my signifiure 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 improved 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

6.4 CITY - ST - ZIP