

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

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AND  
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**97 FEB 12 PM 2:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT - 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V10747**

1. Corporation Name  
**IBC OF INDIANA, INC.**

Principal Place of Business  
**2701 COLISEUM BLVD.  
SUITE 1155-BLDG. #28  
FT. WAYNE, IN 46803**

Mailing Address  
**730 WEST MCNAB ROAD  
FT. LAUDERDALE, FL 33309**

**100002110681--9**

**-03/11/97--01140--001**

**\*\*\*165.00 \*\*\*165.00**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>1/31/92</b>	3a. Date of Last Report <b>1996</b>
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0314557</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**GERALD J. BRADY  
730 WEST MCNAB ROAD  
FT. LAUDERDALE, FL 33309**

**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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(The above report or printed name of registered agent and title is applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>J. LEON ELLMAN</b>		1.2 NAME	
STREET ADDRESS <b>730 WEST MCNAB ROAD</b>		1.3 STREET ADDRESS	
CITY-STATE-ZIP <b>FT. LAUDERDALE, FL 33309</b>		1.4 CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANTHONY A. DUANY</b>		2.2 NAME	
STREET ADDRESS <b>730 WEST MCNAB ROAD</b>		2.3 STREET ADDRESS	
CITY-STATE-ZIP <b>FT. LAUDERDALE, FL 33309</b>		2.4 CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT/TREASURER</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GERALD J. BRADY</b>		3.2 NAME	
STREET ADDRESS <b>730 WEST MCNAB ROAD</b>		3.3 STREET ADDRESS	
CITY-STATE-ZIP <b>FT. LAUDERDALE, FL 33309</b>		3.4 CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT/SECRETARY</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARTHUR J. BERK</b>		4.2 NAME	
STREET ADDRESS <b>730 WEST MCNAB ROAD</b>		4.3 STREET ADDRESS	
CITY-STATE-ZIP <b>FT. LAUDERDALE, FL 33309</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-ST-ZIP	

14. For each by certifying 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 included 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 of this report. If changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/97**

Date

**(954) 977-3094**

Daytime Phone

CR2E034 (9/96)