

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

FILED
Feb 10, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-10-1999 90027 004 ****150.00

DOCUMENT # V10747

1. Corporation Name
IBC OF INDIANA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2701 S. COLISEUM BLVD.
 SUITE 1155 BLDG 20
 FT. WAYNE IN 46803**

Mailing Address
**730 W. MCNAB ROAD
 FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
01/31/1992

4. FEI Number
65-0314557

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 Tax. Yes No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent
**BRADY, GERALD J
 730 W. MCNAB ROAD
 FORT 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. 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	P	<input type="checkbox"/> DELETE
NAME	ELLMAN, J. LEON	
STREET ADDRESS	730 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ELLMAN, NEIL	
STREET ADDRESS	730 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRADY, GERALD J.	
STREET ADDRESS	730 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BERK, ARTHUR J.	
STREET ADDRESS	730 W. MCNAB RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ELLMAN, VANCE	
STREET ADDRESS	730 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GALLO, ROBIN	
STREET ADDRESS	730 W MCNAB	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

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, with all other like empowered.

SIGNATURE: Gerald J. Brady, VP/TR 1/19/99 (954) 977-3094
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)