

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V10747

1. Entity Name  
IBC OF INDIANA, INC.



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

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

FILED  
04 FEB -9 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0314557

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

SIROP, KEVIN  
730 W. MCNAB ROAD  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DCEO  
NAME ELLMAN, J. LEON  
STREET ADDRESS 730 W. MCNAB ROAD  
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE P  
NAME ELLMAN, NEIL  
STREET ADDRESS 730 W. MCNAB ROAD  
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE VTAS  
NAME SIROP, KEVIN  
STREET ADDRESS 730 W. MCNAB ROAD  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE VS  
NAME BERK, ARTHUR J.  
STREET ADDRESS 730 W. MCNAB RD  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE V  
NAME ELLMAN, LANCE  
STREET ADDRESS 730 W MCNAB ROAD  
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400028661644  
02/12/04--01038--005 \*\*1100.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin Sirop

1/21/04

954-968-2373