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

FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #[redacted](5)

V46447

1. Corporation Name
IBC CONSULTING CORP.

[redacted]

Principal Place of Business	Mailing Address
730 W MCNAB RD FT LAUDERDALE FL 33309	730 W MCNAB RD FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/23/92

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 | Country 25

Zip 29 | Country 30

4. FEI Number
65-0346445

☐ Applied F
☐ Not Appli

5. Certificate of Status Desired ☐ **$8.75** Additior Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May B Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GALLO, ROBIN
730 W MCNAB ROAD
FT.LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Are Not Acceptable)

-08/27/98--01001--006

83 ***550.00

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 regis 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 registe agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robin Gallo 8/14/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	DPST	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ A
NAME	ELLMAN, J. LEON		1.2 NAME	J. Leon Ellman	
STREET ADDRESS	730 W MCNAB RD		1.3 STREET ADDRESS	730 W. McNab Road	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		☐ DELETE	2.1 TITLE	VP/TREASURER	☐ Change ☒ A
NAME			2.2 NAME	Gerald J. Brady	
STREET ADDRESS			2.3 STREET ADDRESS	730 W. McNab Road	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		☐ DELETE	3.1 TITLE	VP/SECRETARY	☐ Change ☒ A
NAME			3.2 NAME	Arthur J. Berk	
STREET ADDRESS			3.3 STREET ADDRESS	730 W. McNab Road	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☒ A
NAME			4.2 NAME	Neil Ellman	
STREET ADDRESS			4.3 STREET ADDRESS	730 W. McNab Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		☐ DELETE	5.1 TITLE	VP	☐ Change ☒ A
NAME			5.2 NAME	Lance Ellman	
STREET ADDRESS			5.3 STREET ADDRESS	730 W. McNab Road.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		☐ DELETE	6.1 TITLE	Asst. Secretary	☐ Change ☒ A
NAME			6.2 NAME	Robin Gallo	
STREET ADDRESS			6.3 STREET ADDRESS	730 W. McNab Road	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	

RE 8.26

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 inform contained in 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 director or officer 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 Block 12 or Block 13 if changed, or on an attachment with an address.