

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **231500** (0)

1. Corporation Name
IBIS MORTGAGE CORP.



Principal Place of Business: **2303 N. FEDERAL HIGHWAY SUITE 11 FT. PIERCE FL 34946 US**
Mailing Address: **P.O. BOX 1388 FT. PIERCE FL 34954**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/28/1959	05/01/1995
22 City & State	27 City & State	4. FEI Number	Applied For / Not Applicable
23 Zip	28 Zip	59-2823506	
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input checked="" type="checkbox"/> Yes	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/> Yes	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVIN, LEON 8603 S. DIXIE HWY. STE. 302 MIAMI FL 33143	81 Name: Emory C. Teel III 82 Street Address (P.O. Box Number is Not Acceptable): 805 Virginia Avenue, #21 83 Fort Pierce, FL 34982 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: *Emory C. Teel III* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: HALEY, LINDA J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2850 HUNTERS POND LANE	CITY-ST-ZIP: SNELLVILLE GA	1.2 NAME	
TITLE: PS <input type="checkbox"/> DELETE	NAME: FERRIS, ANITA J.	1.3 STREET ADDRESS	
STREET ADDRESS: 2505 TAMARIND DR. D	CITY-ST-ZIP: FORT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE: V <input checked="" type="checkbox"/> DELETE	NAME: FERRIS, RAYMOND E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2303 N. FEDERAL HIGHWAY STE. 11	CITY-ST-ZIP: FT. PIERCE FL	2.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS	FERRIS, RAYMOND E.
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	2505 TAMARIND DR. APT D
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Anita J. Ferris* DATE: **MAY 15, 1996** 561 461-6192

CR2E034 (12/95)