

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 # **P95000004060 (6)**

1. Corporation Name

IBIS FINANCIAL SERVICES, INC.



Principal Place of Business

7515 PELICAN BAY BLVD.
UNIT 18C
NAPLES FL 33963

Mailing Address

7515 PELICAN BAY BLVD.
UNIT 18C
NAPLES FL 33963

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4902 Lakeridge Ct.

26 4902 Lakeridge Ct.

4. FEI Number

65-0555520

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Valparaiso, IN

28 Valparaiso, IN

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24 46383

25 Porter

29 46383

30 Porter

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENKHAUS, DAVID J
4800 N. FEDEAL HWY.
SUITE 210-A
BOCA RATON FL 33431

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

Signature of officer or printed name of registered agent and title (signature)

Signature of Registered Agent for public report and date (signature)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P/T	Forman Friend	4902 Lakeridge Ct.	Valparaiso, IN 46383		
S	Ingrid Bankston	4902 Lakeridge Ct.	Valparaiso, IN 46383		<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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-07/30/96--01100--008
***225.00

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: Forman Friend Pres./Treas 7/24/96

219-997-858
05/20/96

CR2E034 (12/95)