

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

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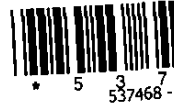
**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90233 036 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1998 ~~1999~~

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

DOCUMENT # **S18284** (7) ✓  
 CORPORATION NAME  
**INDEPENDENCE REALTY OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**401 S. UNIVERSITY DRIVE  
 SUITE 200  
 FT. LAUDERDALE FL 33328  
 US**

Mailing Address  
**P.O. BOX 43004  
 LAS VEGAS NV 89104**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified  
**12/10/1990**

3. Principal Place of Business  
 2a. Mailing Address  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country

4. FEI Number  
**65-0241603**

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

8. Name and Address of Current Registered Agent  
**PILGREEN, ROBERT  
 640 N 71ST TERR  
 HOLLYWOOD FL 33024**

9. Name and Address of New Registered Agent  
 91. Name **Pilgreen, Robert**  
 92. Street Address (P.O. Box Number is Not Acceptable) **158 S.W. 96th Ave.**  
 93. City **Plantation, FL** 94. State **FL** 95. Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0402 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 607.0605, Florida Statutes.

SIGNATURE: *Robert Pilgreen* DATE: **4-1-98**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILGREEN, ROBERT</b>	2. NAME	<b>Robert Pilgreen</b>
STREET ADDRESS	<b>640 N. 71ST TERRACE</b>	3. STREET ADDRESS	<b>5363 W. DeSoto St. Add</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	4. CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>
TITLE	<input type="checkbox"/> IN LEAVE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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)(b), 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: *Robert Pilgreen* President DATE: **4-1-98** (702) 871-3787

CORPORATE (10/97)

*Robert Pilgreen* President **4-28-99** (702) 871-3787