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

PROFIT CORPORATION ANNUAL REPORT

IRMA LAKE PROPERTIES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 257808

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90063 044 ***150.00

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Principal Plac	e of Business	Mailing Ad	Idress	-			. I (BBUSE 1168) BUST (BBB) IBUS OBIRT IONI BION BIBT BIBT BIBT BIBT BIBT BIBT BIBT BIB
2030 SO. OCE	an dr.	2030 SO. (OCEAN DR.				
1927 Hallandale F	EI 99000	1927 HALLANDA	LE FL 33009				DO NOT WRITE IN THIS SPACE
US	FL 33009	US	LE 7L 33003				3. Date Incorporated or Qualifed
1							04/10/1962
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI Number Applied For
21		26		_			11-2287019 Not Applicable
Suite, Apt.	.#, etc	<u> </u>	Apt. #, etc.				5. Certificate of Status Desired
22	4.	27 Citv.&	Ctato				
City & Star	te	28 City.&	3/ale	'- -	٠.		6. Election Campaign Financing 55.00 May Be Added to Fees
Zip	Country	Zip		Cou	ntry		This corporation owes the current year Intangible
24	25	29		30	ŕ		Personal Property Tax. Yes No
	9. Name and Address of Curre		gent				10. Name and Address of New Registered Agent
					81	Name	
	GLIANO,JOSEPH J	007			82	Street Addre	ss (P.O. Box Number is Not Acceptable)
l	O SOUTH OCEAN DRIVE, APT 1:	92/					
MAL	LANDALE FL 33009				83		
					84	City:	FI 85 Zip Code
					Ц	<u> </u>	ration submits this statement for the purpose of changing its registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	e. (NOTE	Registered		signature required	when reinstating) OATE
12.		ND DIRECTORS	DELETE	13.		 	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D GAGLIANO,JOSEPH J		□ vereie	1.1 TIT 1.2 NA		ļ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	4000 CO COEAN DD #4007					ADDRESS	, '
STREET ADDRESS	HALLANDALE FL 33009				TY-ST-		
CITY-ST-ZIP	TD		DELETE	2,1 TI		- 411	☐ Change ☐ Addition
NAME	FLORIO, DANIEL			2.2 NA			
STREET ADDRESS	ACC MALDA DONE			4		ADDRESS	-
CITY-ST-ZIP	MALBA NY 1/357			ı	ITY-ST		
TITLE			DELETE	3.1 TI		-	<u>-</u>
NAME							Change Addition
STREET ADDRESS	1			3.2 NA	ME		☐ Change ☐ Addition
CITY-ST-ZIP						ADDRESS	☐ Change ☐ Addition
TITLE				3.3 ST			
1			DELETE	3.3 ST	REET		Change Addition
NAME	, .		☐ DELETE	3.3 ST 3.4, CI	REET/ TY-ST		
NAME STREET ADDRESS			DELETE	3.3 ST 3.4. CI 4.1 TII 4. 2 N 4.3 ST	TY-ST TLE AME	-ZIP ADDRESS	
STREET ADDRESS				3.3 ST 3.4. CI 4.1 TIT 4. 2 N 4.3 ST 4.4 CI	TY-ST- TLE AME REET/ TY-ST-	-ZIP ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			DELETE	3.3 ST 3.4. CC 4.1 TIT 4. 2 No 4.3 ST 4.4 CC 5.1 TIT	TY-ST TLE AME REET/ TY-ST- TLE	-ZIP ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME				3.3 ST 3.4. CI 4.1 TII 4.2 No 4.3 ST 4.4 CI 5.1 TII 5.2 No	TY-ST- TLE AME REET/ TY-ST- TLE	ADDRESS -ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				3.3 ST 3.4. CI 4.1 TII 4. 2 N 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	TY-ST- TLE AME REET/ TY-ST- TLE ME REET/	ADDRESS ZIP ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.3 ST 3.4 CI 4.1 TII 4.2 N 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	TY-ST- TLE AME REET/ TY-ST- TLE WE REET/	ADDRESS ZIP ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				3.3 ST 3.4. CI 4.1 TII 4. 2 N 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	REET/ ITY-ST- ILE REET/ ITY-ST- ILE REET/ ITY-ST- ILE REET/ ITY-ST- ILE	ADDRESS ZIP ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

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)(i), 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 attach then with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS