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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

287295

(0)

## FILED Jan 27 1998 8:00am Secretary of State

| 1. Corporation  | IRE, INC.  | (0)                                |                                    |   |                                       |
|---|--|------------------------------------|------------------------------------|---|---------------------------------------|
| GINA  | INE, ING.  |                                    |                                    | i igaria liagi igigr tahin sigin inige neli diger       | #                                     |
|   |  |                                    |                                    |   |                                       |
| Principal Place of Business Mailing Address   |  |                                    |                                    | 188110   1880   1811   1881   1680   1816   DIJI DEC    | 8191) \$1811 B1814 B1811 \$1811 (B\$1 |
| 3160 N.E. 13TH AVE. 3160 N.E. 13TH AVE.   |  |                                    |                                    |   |                                       |
| POMPANO   | BCH FL 33064                                       | POMPANO BCH FL 33                  | 064                                | DO NOT WRITE IN THIS                                    | COACE                                 |
|   |  |                                    |                                    | 3. Date Incorporated or Qualified                       | - SPACE                               |
|   |  |                                    |                                    | 11/24/1964  |                                       |
| 2. Principal P  | Place of Business                                  | 2a. Mailing Address                |                                    | 4. FEI Number   | Applied For                           |
| 21  |  | 26                                 | , <u></u>                          |   |                                       |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                |                                    | 5. Certificate of Status Desired                        | \$8.75 Additional<br>Fee Required     |
| 22  |  |                                    | C. Election Compaign Singular      |   |                                       |
| 23  |  | 28                                 |                                    | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be<br>Added to Fees        |
| Zip   | Country  | Zip                                | Country                            | 8. This corporation owes or has paid the &              |                                       |
| 24  | 25   | 29                                 | 30                                 | Personal Property Tax due June 30.                      | Yes No                                |
|   | <ol><li>Name and Address of Current</li></ol>      | it Registered Agent                |                                    | 10. Name and Address of New Registered                  | Agent                                 |
| WELCH,THOMAS C 8  |  |                                    | 81 Name                            |   |                                       |
| 2460 NW 1ST AVE   |  |                                    | 82 Street Add                      | dress (P.O. Box Number is Not Acceptable)               |                                       |
| BOCA RATON FL 33432   |  |                                    | 83                                 |   |                                       |
|   |  |                                    | 80                                 |   |                                       |
|   |  |                                    | 84 City                            | <b></b>   | 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, typed or printed name of registered age |                                    | E: Registered Agent signature requ |   |                                       |
| 12.<br>TITLE  | OFFICERS AND                                       | D DIRECTORS DELETE                 | 13.                                | ADDITIONS/CHANGES TO OFFICERS AN                        | D DIRECTORS IN 12  Change Addition    |
| NAME  | PS<br>WELCH, THOMAS C                              |                                    | 1.1 TITLE<br>1.2 NAME              |   | [ Cligaride [ Hocking]                |
| STREET ADDRESS  | 2460 N.W. 1ST. AVENUE                              |                                    | 1.3 STREET ADDRESS                 |   |                                       |
| CITY-ST-ZIP   | BOCA RATON FL                                      |                                    | 1.4 CITY-ST-ZIP                    |   |                                       |
| TITLE   | D  | ☐ DELETE                           | 2.1 TITLE                          |   | Change Addition                       |
| NAME  | WELCH, THOMAS C                                    |                                    | 2.2 NAME                           |   |                                       |
| STREET ADDRESS  | 2460 N.W. 1ST. AVENUE                              |                                    | 2.3 STREET ADDRESS                 |   |                                       |
| CITY-ST-ZIP   | BOCA RATON FL                                      |                                    | 2. 4 CITY-ST-ZIP                   |   |                                       |
| TITLE   |  | ☐ DELETE                           | 3.1 TMLE                           |   | ☐ Change ☐ Addition                   |
| NAME  |  |                                    | 3.2 NAME                           |   |                                       |
| STREET ADDRESS  |  |                                    | 3.3 STREET ADDRESS                 |   |                                       |
| CITY - ST - ZIP   |  |                                    | 3.4. CITY - ST - ZIP               |   | <del></del>                           |
| TITLE   |  | ☐ DELETE                           | 4,1 TITLE                          |   | ☐ Change ☐ Addition                   |
| NAME  |  |                                    | 4, 2 NAME                          |   |                                       |
| STREET ADDRESS  |  |                                    | 4.3 STREET ADDRESS                 |   | 1                                     |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE                           | 4.4 CITY-ST-ZIP<br>5.1 TITLE       |   | Change Addition                       |
| NAME  |  |                                    | 5.2 NAME                           |   | orange                                |
| STREET ADDRESS  |  |                                    | 5.3 STREET ADDRESS                 |   |                                       |
| CITY-ST-ZIP   |  |                                    | 5.4 CITY-ST-ZIP                    |   |                                       |
| TITLE   |  | ☐ DELETE                           | 6.1 TITLE                          | · · · · · ·   | Change Addition                       |
| NAME  |  |                                    | 6.2 NAME                           |   |                                       |
| STREET ADDRESS  |  |                                    | 6.3 STREET ADDRESS                 |   |                                       |
| CITY-ST-ZIP   |  |                                    | 6.4 CITY-ST-ZIP                    |   |                                       |
| 44 15   |  | th this filles door not swalify to |                                    | Caption 110 07/0)/3 Etailda Ctatutan I further a        |                                       |

14. I hereby certify that the information supplied with this filling 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 attachment with an address.

SIGNATURE:

Thomas Politelakine

5 Jan 90

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