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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 484105

1. Corporation Name

IRROX, INC.

Applied For Foreign Place of Business   2							<u> </u>	(BI) BIBII BIBII )	AIBRI DIBII IBBR
MINTER PARK FL. FL.  P.O. BOX 227  US  3. Date Incorporation of Qualified O9/09/1975  2. Principal Place of Business 2. Making Address 3. Date Incorporation of Qualified O9/09/1975  3. Certificate of Sistua Desired Sa. 5. Sc. 5. O May 8  2. Desired Country 2. 2p	Principal Place	e of Business	Mailing	Address					
WINTER PARK FL 32790 US 3. Date Incorporated or Qualified 39/09/1975 2. Principal Piace of Business 2. Maining Address 3. Date Incorporated or Qualified 39/09/1975 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Felt Number 59-1620109 5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   SAT5 Additional Fees Required   5. Certificate of Status Desired   Sat5 Additional Fees Required   SAT5 Additiona									
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For	US WINTER PARK FL 32790						DO NOT MODITE IN THIS SPACE		
Principal Pilace of Business   2. Mailing Address   4. FEI Number   Applied For				PARK FL 32/90					
2. Principal Place of Business   2a, Maling Address   4. FEI Number   Applied For   Not Applicable   Suite, Apt. #, etc.   59-16(20109)   Not Applicable   Suite, Apt. #, etc.   59-16(20109)   Status   Status   Suite, Apt. #, etc.   59-16(20109)   Status   Status   Suite, Apt. #, etc.   59-16(20109)   Status   Status   Suite, Apt. #, etc.   59-16(20109)   Status   Status   Status   Suite, Apt. #, etc.   59-16(20109)   Status   St			00				1 , :		
Suite, Apt. #, etc.	2 Principal D	ace of Business	2a Mail	ing Address				T Ai	oplied For
Sulte, Apt. #, etc.    20	Z. Tillicipal Fi	lace of Business	— —				59-1620109	<u> </u>	
City & State	Suite Ant	# etc		e, Apt. #, etc.				\$8.75	Additional
City & State    City & State					<u> </u>		5. Certificate of Status Desired	Fee-R	equired
Trust Fund Contribution  Added to Fees   Zip		e		& State			6. Election Campaign Financing	\$5.00	May Be
Zig	¬ '		28				Trust Fund Contribution	Added	to Fees
9. Name and Address of Current Rogistared Agent  CAPOUANO, ALBERT D. 250 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO FL 32802  11. Pursuant to the provisions of Sections 607 0509 and 607 1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered office or registered agent, or both, and accept the obligations of, Section 607 0505, Floridad Statutes, the above-named corporation submits this statement for the purpose of changing lis registered office or registered agent, or both, and accept the obligations of, Section 607 0505, Floridad Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered office or registered agent, or both, and accept the obligations of, Section 607 0505, Floridad Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered office or registered agent, or both, and accept the obligations of, Section 607 0505, Floridad Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered office or registered agent of directors. I hereby accept the appointment as registered office or registered agent or regist		Country	Zip		Country	4	8. This corporation owes the current year In	angible	
Section 2007 State Address of Name and Address of Name Registered Agent  CAPOUANO, ALBERT D. 250 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO FL 32802  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 agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. YAME  12. YAME  12. YAME  12. YAME  13. TITLE  12. OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  12. YAME  12. YAME  12. YAME  12. YAME  12. YAME  13. TITLE  12. TITLE  12. TITLE  12. TITLE  12. TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  15. STREET ADDRESS  10. STREET ADDRESS  21. STREET ADDRESS  22. TITLE  23. TITLE  24. CITY. ST. 2P  15. TITLE  16. Change  Addition  ADDRESS  CITY. ST. 2P  15. TITLE  16. Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS  CITY. ST. 2P  16. Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS  CITY. ST. 2P  16. Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS  CITY. ST. 2P  16. Change  Addition  Addition  Addition  ADDRESS  CITY. ST. 2P  17. TITLE  18. T	4	25	29	30			Personal Property Tax.	Yes	□No
CAPOUANO, ALBERT D. 250 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO FL 32802  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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, Syed or poster name of registered upon 607 0505, Florida Statutes.  INOTE Registered Agent signature recursed when remaiting   DATE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE   DPS		9. Name and Address of Cu	rrent Registered	Agent			10. Name and Address of New Registered	Agent	
250 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO FL 32802  84 City FL 85 Zip Code  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes bove-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, Spead or juntated manue of inspatiented larger and like if applicable. INDTE Registered Agent signature required when remarked in proceeds and proceeds and like if applicable. INDTE Registered Agent signature required when remarked in DATE  12. OFFICERS AND DIRECTORS 1 1.1 TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. STREET ADDRESS  14. CITY ST. ZIP  14. CITY ST. ZIP  15. TITLE  10. Change Addition  Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change Addition  16. Change Addition  Addition  16. Change Addition  Addition  Addition  ANAME  16. STREET ADDRESS  17. ST. ZIP  17. TITLE  17					81	Name			
250 NORTH OWANGE AVENUE, SUITE 1200 ORLANDO FL 32802  8 3  8 4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floridas 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 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 office or registered agent, and accept the obligations of Section 607 0508, Floridas Statutes.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPS  ORKNER, EDMUND  12. NAME  FORKNER, EDMUND  10.2 SINTERLACHEN AVE 509  WINTER PARK FL  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  DELETE  15. TITLE  DELETE  15. TITLE  DELETE  22. NAME  23. NAME  23. NAME  33. STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  34. TITLE  DELETE  44. TITLE  DELETE  44. TITLE  DELETE  55. TITLE  DELETE  55. TITLE  DELETE  55. TITLE  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  35. TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					82	Street Add	ress (P.O. Box Number is Not Acceptable)		
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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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

447-1222

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90020 028 \*\*\*150.00