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

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 19 PM 3: 11 DOCUMENT #

1. Corporation Name 663300 SECRETARY OF STATE TALLAHASSEE, FLORIDA IRELAND FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. STE. 810 STE. 810 MIAMI FL 33181 DO NOT WRITE IN THIS SPACE MIAMI FL 33181 3. Date Incorporated or Qualified 12/26/1979 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-1971147 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name IRELAND, THOMAS K. 12000 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 810 83 MIAMI FL 33181 **B4** City 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 registerest agree and tilled applicable (NOTI Registered Agent signature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE 400002548784 NAME IRELAND, THOMAS K. 1.2 NAME -06/05/98--01062--001 12000 BISCAYNE BLVD. STREET ADDRESS 1.3 STREET ADDRESS ****150.00 ***5550.00 **MIAMI FL 33181** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE IRELAND, R. SCOTT NAME 2.2 NAME 12000 BISCAYNE BLVD. STREET ADDRESS 23 STREET ADDRESS **MIAMI FL 33181** CITY-ST-ZIP 2 4 CITY - ST - 7 IP DELLIE TITLE 3 1 11TLE ☐ Change Addition NAME IRELAND, LOU 3.2 NAME 12000 BISCAYNE BLVD. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33181 CITY - \$T - ZIP 3.4. C(1Y - ST - Z(P DOLFTE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DETETE TITLE ■ Addition 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 Copplemental 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 13 if changed by on an attachment with a diddress