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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

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05-06-1999 90300 001 *4,650.00

1. Corporation Name	000000	
IRELAND FINANCIAL	GROUP, INC.	

12000 BISCAYNE BLVD. STE. 810 MIAMI FL 33181		12000 BISCAYNE BLVD. STE. 810 MIAMI FL 33181			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/26/1979			
2. Principal Place of Business		2a. Mailing Address					Applied For	
		26			59-1971147		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip Country		,	8. This corporation owes the current year Intangible			
24		29 30			1 dischart reporty 1 am	Yes	Ž(No	
	9. Name and Address of Current	t Registered Agent	81	Namo	10. Name and Address of New Registered Ag	ent		
IRELAND, THOMAS K.				Name				
1200	O BISCAYNE BLVD.		82	Street A	t Address (P.O. Box Number is Not Acceptable)			
STE. 810			83					
	II FL 33181		84	1	F L _		Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	rized by	the corpor	corporation submits this statement for the purpose of chration's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of th	anging it nent as i	ts registered registered	
SIGNATURE		ANOTE Don	internal Age	at cionatura rec	quired when reinstating) DATE			
	Signature, typed or printed name of registered agen OFFICERS ANI		13.	il signature ter	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	PTD		1.1 TITLE			Change		
NAME	IRELAND, THOMAS K.		1.2 NAME					
STREET ADDRESS	12000 BISCAYNE BLVD.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33181		1.4 CITY-S	T-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE] Change	e	
NAME	IRELAND, R. SCOTT	22 NA		\ \ \				
STREET ADDRESS 12000 BISCAYNE BLVD.			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33181		2. 4 CITY-	ST-ZIP				
TITLE	S	☐ DELETE	3.1 TITLE		L	Change	e 🗌 Addition	
NAME.	IRELAND, LOU		3.2 NAME					
STREET ADDRESS	12000 BISCAYNE BLVD.		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33181		3.4. CITY-5	ST-ZIP		7.0		
TITLE		☐ DELETE	4.1 TITLE	}	l	Change	e	
NAME			4. 2 NAME	ł				
STREET ADDRESS			4.3 STREE	TADDRESS				
C/TY-ST-ZIP		D DEL CTE	4.4 CITY-5	ST-ZIP		Change	e Addition	
TITLE			5.1 TITLE	i	L	Criange	, DAGGIGGI	
NAME			52 NAME	TADDECC				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 City-S 6.1 TITLE	01-ZIF		Change	e Addition	
TITLE		2 DECE, 2	6.2 NAME		,	9,		
NAME				T ADDRESS				
STREET ADDRESS			6.4 CITY-S					
CITY-ST-ZIP		the thin filing does not smallfu for the			in Section 119.07(3)(i). Florida Statutes, I further certify	that the		

Interest, certify trial the information supplied with this limits does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. 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 of 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.

SIGNATURE: