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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F35884

(8)

FILED
Apr 23 1997 8:00am
Secretary of State

	IAM ROAD ESTATES, INC.	Mailing Address						
C/O WESTBE LAKE WORTH		C/O WESTBROOKE LAKE WORTH FL 3346	LAKE WORTH FL 33463-7333					
U\$		US			 Date Incorporated or Qua 05/21/1981 		ate of Last R 29/1996	eport
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	, Ver		plied For
21		26			59-2778223			t Applicable
Suite, Ap	of #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desir	red 🔲	\$8.75 / Fee Re	
22 City & St	ate	City & State			6. Election Campaign Finance	cina	\$5.00	
23		28		,	Trust Fund Contribution		Added	
Ζιp	Country	Zip	├	intry	8. This corporation has liable			199.032,
24	9. Name and Address of Curre	29 Anni Registered Agent	30		Florida Statutes 10. Name and Address of N	Yes		
	TONE, ROBERT SR.	an neglatite Agent		81 Name	10, Replie 21d Addition of the	ion riogistores	Agon	
	185 OLD MEDINAH CIRCLE			82 Street A	Address (P.O. Box Number is Not Ad	oontoblo)		
	KEWORTH FL 33467			OZ SIRBELA	Addiess (F.O. Box Mulliber is Not Ad	хөрлайө)		
_				83				
				84 City			85 Zip	Code
	710	100 Loop Eliste B		<u> </u>		FL	.]]	
office of	or registered againt, or both, in the San	of Florida, Such change w	at les, the a as authorize	bove-named of d by the corp	poration's board of directors. I hereby	accept the apr	ointment as	r <u>eais</u> tered
SIGNATURE	Signature, typod or printed name of registerso as	gert and title if applicable ((NOTE: Registere		required when reinstating)	DATE	//_7	<i></i>
SIGNATURE	Significant typed or printed name of registerious at OFFICERS AI	geri and title if applicable (ND DIRECTORS	(NOTE: Registere	d Agent signature i		DATE	// 7 DIRECTOR	<i></i>
SIGNATURE 12. THE	Stammere typed or printed name of registrice at OFFICERS AI	gert and title if applicable ((NOTE: Registers 13.	d Agent signature	required when reinstating)	DATE	//_7	<i></i>
SIGNATURE 12. THE NAME	Standard typed or printed name of registrice at OFFICERS AT PD WEHMEYER, HORST	geri and title if applicable (ND DIRECTORS	(NOTE: Registers 13. 1.1 T) 1.2 N	d Agent signature i	required when reinstating)	DATE	// 7 DIRECTOR	<i></i>
SIGNATURE 12. THEE NAME STREET ADDRESS	Standard typed or printed name of registrice and OFFICERS AT PD WEHMEYER,HORST ELBINGER WEG 20	geri and title if applicable (ND DIRECTORS	(NOTE: Registere 13. 1.1 Ti 1.2 N. 1.3 S	d Agent signature	required when reinstating)	DATE	// 7 DIRECTOR	<i></i>
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information indicated on this I am an officer or director of appears in Block 12 or Block of is true and accurate and that my signature shall have the same legal effect as if made under o empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name

SIGNATURE: