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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300002568 (4)

FILED Apr 24 1998 8:00am Secretary of State

	IR BUILDING CO., INC.								
Principal Place	e of Business	Mailing Address				-{		H edi b iil i b	
•	BIRKDALE DR	6120 ROYAL BIRKDALE	6120 ROYAL BIRKDALE DR LAKE WORTH FL 33463 US			DO NOT WRITE IN	THIS SE	PACE	
00		00				3. Date Incorporated or Qualified			*****
						05/28/1993			
2. Principal Pr	face of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				38-2583970		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				T]		Additional
22		27							equired
City & State	е	City & State				6. Election Campaign Financing	٦		May Be
23 Zip	Country	Zip	Cou	ntru.			<u> </u>		to Fees
24	├ ─ ┐ '	29	30	ritty		8. This corporation owes or has paid t	_		tangible No
24	25 9. Name and Address of Currer		30			Personal Property Tax due June 30 10. Name and Address of New Regis			NO
				81 N	ame	IV. Trailly wire Profitor of Hote Hoges	u M		
	IFIA, SHIRLEY 20 ROYAL BIRKDALE DR								
	KE WORTH FL 33463				treet Addre	ess (P.O. Box Number is Not Acceptable)			
LAT	NE MONITTE 33403			83					
								····	
				84 C	ity		FL	85 Zip	Code
agent. I ar SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stal	utes.		oration submits this statement for the purpon's board of directors. I hereby accept the directors of the purpon of	ne appoi	intment as	registered
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICER	S AND		
TITLE	P	☐ DELETE	1.1 30	FLE					
NAME .					- 1			Change	☐ Addition
į	SOFIA, SHIRLEY		1.2 N/	ME			Ţ.	Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	6120 ROYAL BIRKDALE DR	☐ DELETE	12 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NV 5.3 SI 5.4 CI 5.5 TI 5.5 TI	MME REET ADDI TY-ST-ZIF TILE MME REET ADDI (TY-ST-ZI EE) AME REET ADDI TY-ST-ZI EE AME	RESS P	.sv V		Change Change Change	Addition Addition Addition
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4. 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

heale Salin SHIRLEY SOFIA

4-17-98

561-965-3800