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 # F9400004515 1. Corporation Name

INDEPENDENT & RETAIL BUSINESS ASSOCIATES, INC.

Principal Place of Business **87 SOUTH MAIN STREET**

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

WATERBURY VT 05676-0249

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

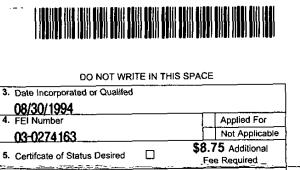
Zip

P.O. BOX 249

WATERBURY VT 05676-0249

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90115 024 ***150.00



\$5.00 May Be

Added to Fees

 \square No

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE. 105 TALLAHASSEE FL 32301

9. Name and Address of Current Registered Agent

Country

25

		Person	al Property Tax.		<u> </u>					
		10. Name	and Address of Nev	v Registered A	\gent					
B1	Name									
82	Street Address (P.O. Box Number is Not Acceptable)									
83										
84	City			FI	85 Zi	p Code				

8. This corporation owes the current year Intangible

6. Election Campaign Financing

Trust Fund Contribution

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.

Country

30

SIGNATURE Slopetive bread or crinited name of recestered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS		distered Agent signature in	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
		DELETE	1.1 TITLE	☐ Char					
TITLE	DP		1.2 NAME						
NAME	GOLDSTEIN, LLOYD H		1.3 STREET ADDRESS						
STREET ADDRESS	3010 WESTCHESTER AVE.								
CITY-ST-ZIP	PURCHASE NY 10577	□ DELETE	1.4 CITY-ST-ZIP	Char	ge Addition				
TITLE	DVS	☐ DEFE IE	2.1 TITLE		9-				
NAME	LYNCH, HOWARD		2.2 NAME						
STREET ADDRESS	2001 MARCUS AVE, STE W 85		2.3 STREET ADDRESS						
CITY-ST-ZIP=	LAKE SUCCESS NY		-2.4 CITY-ST-ZIP		T Addition				
TITLE	DVT	☐ DELETE	3.1 TTLE	Chai	nge 🗀 Addition				
NAME	STREET, ROBERT D		3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP	ALBANY NY 12205		3.4. CITY-ST-ZIP	·					
πιε	STV	DELETE	4.1 TITLE	Chai	ge Addition				
NAME	HUDSON, DEBRA S		4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP	WATERBURY VT 05676-0249		4.4 CITY-ST-ZIP		- Addision				
TITLE		☐ DELETE	5.1 TITLE	Chai	ige Addition				
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE	☐ Cha	nge				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS	<u> </u>					
CITY-ST-ZIP	1	_	6.4 CITY-ST-ZIP	<u> </u>					

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.

SIGNATURE: