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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003820 (5)**

1. Corporation Name
INTERNATIONAL FINANCIAL RESOURCES, INC.

Principal Place of Business	Mailing Address
510 PLAZA DRIVE. SUITE 2280 ATLANTA GA 30349	510 PLAZA DRIVE. SUITE 2280 ATLANTA GA 30349-6021

3. Date Incorporated or Qualified: 07/26/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 510 Plaza Drive	26 510 Plaza Drive
Suite, Apt. #, etc. 22 Suite 2280	Suite, Apt. #, etc. 27 Suite 2280
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip 24 30349 Country 25 USA	Zip 29 30349 Country 30 USA

4. FEI Number: 58-2168804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BORNSCHEUER, ALLEN R 14018 CHERRY LAKE DRIVE TAMPA FL 33618	81 Name: Bornscheuer, Allen R 82 Street Address (P.O. Box Number is Not Acceptable): 14499 N. Dale Mabry Hwy 83 Suite 172 84 City: Tampa FL 85 Zip Code: 33618

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] 4/30/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCT BORNSCHEUER, ALLEN R 14018 CHERRY LAKE DRIVE TAMPA FL 33618	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KAPLAN, RORY 1223 ROGER ROAD NEW BELLMORE NY 11710	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Lewis Flax 510 Plaza Drive, Suite 2280 Atlanta, GA 30349	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GUISASOLA, MARIA D 14018 CHERRY LAKE DRIVE TAMPA FL 33618	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEACOCK, CHARLES 1616 EAST LAKE WAY FT. LAUDERDALE FL 33326	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 added on an attachment with an address.

SIGNATURE: [signature] 4/30/97