

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90044 040 ***150.00

DOCUMENT # **F96000003820**

1. Corporation Name

INTERNATIONAL FINANCIAL RESOURCES, INC.

Principal Place of Business

510 PLAZA DR
SUITE 2280
ATLANTA GA 30349
US

Mailing Address

510 PLAZA DR
SUITE 2280
ATLANTA GA 30349
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1996

4. FEI Number

58-2168804

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **14499 N Dale Mabry Hwy.**

Suite, Apt. #, etc.

27 **Suite #159**

City & State

28 **Tampa, FL**

Zip Country

29 **33618** 30 **USA**

9. Name and Address of Current Registered Agent

BORNSCHEUER, ALLEN R
14499 N DALE MABRY HWY
SUITE 159
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

PCT
BORNSCHEUER, ALLEN R
14018 CHERRY LAKE DRIVE
TAMPA FL 33618

1.2 NAME ☒ DELETE

VP
FLAX, LEWIS
510 PLAZA DR SUITE 2280
ATLANTA GA

1.3 STREET ADDRESS ☐ DELETE

S
GUISASOLA, MARIA D
14018 CHERRY LAKE DRIVE
TAMPA FL 33618

1.4 CITY-ST-ZIP ☐ DELETE1.5 CITY-ST-ZIP ☐ DELETE1.6 CITY-ST-ZIP ☐ DELETE1.7 CITY-ST-ZIP ☐ DELETE1.8 CITY-ST-ZIP ☐ DELETE1.9 CITY-ST-ZIP ☐ DELETE1.10 CITY-ST-ZIP ☐ DELETE1.11 CITY-ST-ZIP ☐ DELETE1.12 CITY-ST-ZIP ☐ DELETE1.13 CITY-ST-ZIP ☐ DELETE1.14 CITY-ST-ZIP ☐ DELETE1.15 CITY-ST-ZIP ☐ DELETE1.16 CITY-ST-ZIP ☐ DELETE1.17 CITY-ST-ZIP ☐ DELETE1.18 CITY-ST-ZIP ☐ DELETE1.19 CITY-ST-ZIP ☐ DELETE1.20 CITY-ST-ZIP ☐ DELETE1.21 CITY-ST-ZIP ☐ DELETE1.22 CITY-ST-ZIP ☐ DELETE1.23 CITY-ST-ZIP ☐ DELETE1.24 CITY-ST-ZIP ☐ DELETE1.25 CITY-ST-ZIP ☐ DELETE1.26 CITY-ST-ZIP ☐ DELETE1.27 CITY-ST-ZIP ☐ DELETE1.28 CITY-ST-ZIP ☐ DELETE1.29 CITY-ST-ZIP ☐ DELETE

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.

05/6/99

SIGNATURE: *M. D. Guisasola***M. D. Guisasola, Secretary of Corp. (813) 963-5900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)