FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

INDEPE	NDENT REALTY FINANCIA	AL SERVICES, INC.			
Principal Place	of Business	Mailing Address			911 31011 91911 01011 01011 01811 01811 1801
5041 N. 37 ST. 5041 N. 37 ST.					
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021			21	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	7770
				08/04/1983	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2320060	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regis	tered Agent
	LKOWITZ, HOWARD S.		81 Name		
5041 N. 37 ST.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
HO	LLYWOOD FL 33021		83		<u></u>
			63		
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida \$te	atutes, the above-named co	rporation submits this statement for the purp	
office or re	oglatered agent, or both, in the State	of Florida, Such change wa	as authorized by the corpor.	rporation submits this statement for the purp ation's board of directors. I hereby accept the	e appointment as registered
COMPLIES ATTAINS DOCTORS					
SIGNATURE	Standature, typed or printi diffiance of registered age		NOTE: Registered Agent signature req		DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	DPS Wolkowitz, Howard S.	DELETE	1.1 TITLE		Change Addition
NAME	5041 N 37TH ST		1.2 NAME		
STREET ADDRESS	HOLLYWOOD FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	WOLKOWITZ, HOWARD S.	_	2.2 NAME		_ • -
STREET ADDRESS	5041 N 37TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	1	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
indicated o	on this annual report or supplementa	al annual report is true and a	accurate and that my signat	n Section 119.07(3)(i), Florida Statutes. I furt ture shall have the same legal effect as if ma	ade under oath; that I am an
officer or d	lirector of the corporation or the rece r Blo ck 13 if changed, or on an attac	eiver or trustee empowered.	to execute this report as re-	quired by Chapter 607, Florida Statutes; and	I that my name appears in