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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # H10199 (8)

1. Corporation Name
I.A.R. CORPORATION



Principal Place of Business
**2112 CONSTITUTION BLVD
 SARASOTA FL 34233
 US**

Mailing Address
**POST OFFICE BOX 20589
 SARASOTA FL 34276-9589
 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 06/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERNSTEIN, ARNOLD
 1519 PELICAN POINT DT.
 SARASOTA FL 34276**

10. Name and Address of New Registered Agent

81 Name **Bernstein, Arnold**
 82 Street Address (P.O. Box Number is Not Acceptable)
2112 Constitution Blvd
 83
 84 City **Sarasota** FL 85 Zip Code **34231**

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]* **Arnold Bernstein Pres.** DATE **2/1/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, ARNOLD	
STREET ADDRESS	1519 PELICAN POINT DR.,	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COLLEEN, CASSIDY	
STREET ADDRESS	1519 PELICAN POINTE DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COLLEEN, CASSIDY	
STREET ADDRESS	1519 PELICAN POINTE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, ARNOLD	
STREET ADDRESS	1519 PELICAN POINT DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bernstein, Arnold	
1.3 STREET ADDRESS	2112 Constitution Blvd	
1.4 CITY-ST-ZIP	Sarasota, FL. 34231	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cassidy, Colleen	
2.3 STREET ADDRESS	2112 Constitution Blvd	
2.4 CITY-ST-ZIP	Sarasota, FL. 34231	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cassidy, Colleen	
3.3 STREET ADDRESS	2112 Constitution Blvd	
3.4 CITY-ST-ZIP	Sarasota, FL. 34231	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bernstein, Arnold	
4.3 STREET ADDRESS	2112 Constitution Blvd	
4.4 CITY-ST-ZIP	Sarasota, FL. 34231	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 one is required, or on an attachment with an address.

SIGNATURE *[Signature]* **Arnold Bernstein Pres** DATE **2/1/97** **941 924 5272**

CR2E034 (9/96)