

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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90017 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # H10199
 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
 US



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/29/1984**

4. FEI Number: **NOT APPLICABLE** 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business
 21 P.O. Box 20589
 Suite, Apt. #, etc. 22

2a. Mailing Address
 26

City & State
 23 SARASOTA, FL
 Zip 24 34276 Country 25 USA

City & State
 27
 Zip 29 Country 30

10. Name and Address of New Registered Agent

81 Name: **Bernstein, Arnold**

82 Street Address (P.O. Box Number is Not Acceptable): **4613 S. TAMMAMI TRAIL**

83

84 City: **Sarasota** FL 85 Zip Code: **34231**

9. Name and Address of Current Registered Agent

BERNSTEIN, ARNOLD
 2112 CONSTITUTION BLVD
 SARASOTA FL 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, of 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** DATE: **1/5/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, ARNOLD	1.2 NAME	Bernstein, Arnold
STREET ADDRESS	2112 CONSTITUTION BLVD	1.3 STREET ADDRESS	P.O. Box 20589
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34276
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN, CASSIDY	2.2 NAME	Cassidy, Colleen
STREET ADDRESS	2112 CONSTITUTION BLVD	2.3 STREET ADDRESS	P.O. Box 20589
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34276
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN, CASSIDY	3.2 NAME	Cassidy, Colleen
STREET ADDRESS	2112 CONSTITUTION BLVD	3.3 STREET ADDRESS	P.O. Box 20589
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34276
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, ARNOLD	4.2 NAME	Bernstein, Arnold
STREET ADDRESS	2112 CONSTITUTION BLVD	4.3 STREET ADDRESS	P.O. Box 20589
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34276
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **Arnold Bernstein, Pres** DATE: **1/5/99** DAYTIME PHONE: **941 924 5235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)