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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H17478

(9)

Mailing Address

I.R.E. PROPERTY MANAGEMENT, INC.

	FILEL	)
May 13	5 1997	8:00am
Secre	etary of	f State

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		P. O. BOX 5403 FT. LAUDERDALE FL 33310 US	<b>)-5403</b>				
					3. Date incorporated or Qualified 08/21/1984	3a. Date of Last Report 05/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number	Ar	oplied For
21		26			65-0030707		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zφ	Country	Zip	Country	1	8. This corporation has liability for i		. 199.032,
24	25		30			Yes 💟 No	
	9. Name and Address of Cui	rrent Registered Agent		r .:	10. Name and Address of New Re	pistered Agent	
	an, alan B.		81	Name			
	) e sunrise blyd		B2	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
3RD FLOOR FT. LAUDERDALE FL 33304			83				
• • • •	<b>6</b> (66 2) 15 ( 15 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					1.2	
			84	City		FL 85 Zip	Code
office or ri agent. Lai	eaistered agent, or both, in the S	0502 and 607.1508, Florida Statute tate of Florida. Such change was a bligations of, Section 607.0505, Flo	iuthorized b	y the corporat	oration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing in the appointment as	ls registered registered
SIGNATURE	Signalize, typod or printed name of registero	d agent and the if applicable (NOTE	: Registered Ag	ent signature requir	red when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	LEVAN, ALAN B.		1.2 NAME	,			ĺ
STREET ADDRESS	1750 E SUNRISE BLVD., 31	rd floor	1.3 STREE	T ADDRESS			
CITY-S1-ZIP	ft. Lauderdale fl		1.4 DiTY-	ST-ZIP			
THTLE	VDS	DELETE	21 TITLE			Change	☐ Addition
NAME	GILBERT, GLEN R.		22 NAME		•		
STREET ADDRESS	475A E CHAIDIGE DI VID SODI ELOND			T ADORESS			-
City-S1-ZiP	ft. Lauderdale fl.		2 4 CITY-	ST-ZIP			
1iftF		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADORESS			
CITY - S1 - ZIF			3.4. CITY-	ST-ZIP			
Tillie		DELETE	4.1 TITLE			Change	Addition
Namé			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - S1 - ZIP			4.4 CITY-	ST-ZIP			
THEE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
C/TY - S* - Z/P			5.4 CITY-	ST-ZIP			
1171.6		☐ DELETE	6.1 TITLE			☐ Change	Addition
N4Mi			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Date

Capture Proce

Capture

954-760-5200 Daytime Priore #