

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J09203 (7)
1. Corporation Name

IRONGATE REALTY INC.

Principal Place of Business Mailing Address

IRONGATE REALTY INC.
2305 53 AVE W.
BRADENTON FL. 34207

3. Date Incorporated or Qualified 04/14/1986
3a. Date of Last Report

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country

4.	FBI Number	Applied For
	59-2719802	Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>
		\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		\$5.00 May Be Added to Fees
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

10. Name and Address of New Registered Agent

MALFESE SALVATORE
227 CHILSON AVE.
ANNA MARIA FL 34216

81	Name	ROBERT V. TODD
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	1011 60th AVE W.
84	City	BRADENTON
85	Zip Code	FL 34207

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, by accepting the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ROBERT V. TODD

Signature typed or printed name of registered agent. If not applicable.

Signature typed or printed name of new registered agent. If not applicable.

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12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRES	<input checked="" type="checkbox"/> DELETE
NAME	MALFESE SALVATORE	
STREET ADDRESS	227 CHILSON AVE.	
CITY-ST-ZIP	ANNA MARIA FL 34216	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME		
13	STREET ADDRESS		
14	CITY-ST-ZIP		
21	TITLE	S/D:V/S:V/T/D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22	NAME	ROBERT V. TODD	
23	STREET ADDRESS	1011 60th AVE W.	
24	CITY-ST-ZIP	BRADENTON FL 34207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME		
33	STREET ADDRESS		
34	CITY-ST-ZIP		
41	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME		
43	STREET ADDRESS		
44	CITY-ST-ZIP		
51	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME		
53	STREET ADDRESS		
54	CITY-ST-ZIP		
61	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME		
63	STREET ADDRESS		
64	CITY-ST-ZIP		

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: ROBERT V. TODD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert V. Todd (Pres)

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941-756-8818

CR2E034 (12/95)