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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

J63045 DOCUMENT #

(5)

IRA REALTY SYSTEMS, INC.

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Mailing Address Principal Place of Business 11620 WILDCAT LN. 11620 WILDCAT LN. NEW PT. RICHEY FL 34654 NEW PT. RICHEY FL 34654 US 3a. Date of Last Report 3. Date incorporated or Qualified 06/23/1995 03/19/1987 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2802037 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Zip ☐ Yes ☐ No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUSSELL, ROBERT W., SR. 62 Street Address (P.O. Box Number is Not Acceptable) 11620 WILDCAT LN. 83 **NEW PT. RICHEY FL 34654** Zip Code City 85 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. Thereby accept the appointment as registered agent. Lami familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (WOTE 'Bug demil Agent signal' in recurred when in rist-fing-Signature, typed or printed mane, of registered agent and the Tappic son ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ■ Addition □ DELETE 1 1 T TLE ٧D TITLE RUSSELL, JANET M. 1.2 NAME NAME 11620 WILDCAT LN. 1.3 STREET ADDRESS STREET ADDRESS **NEW PT. RICHEY FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2 1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - Z:P CITY-ST-ZIP ☐ Change ☐ Addition DELETE. 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELE 16 4 1 1/TLE 4.2 NAME NAME 4.3 STREET AUDRESS STREET ADDRESS 4.4 CITY-ST ZIP CHTY-ST-ZIF ☐ Change Addition DELETE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change ☐ Addition 6 1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily jurished 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 applied report or supplied ental report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the conformation or the reporter 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 managed to or an attachment with an address.

SIGNATURE:

4/5/96 813-856-7500

CR2E034 (12/95)