

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J63045

1. Corporation Name
IRA REALTY SYSTEMS, INC.

Principal Place of Business

8410 U.S. HWY 19
SUITE 105
PORT RICHEY FL 34668
US

Mailing Address

8410 U.S. HWY 19
SUITE 105
PORT RICHEY FL 34668
US

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90074 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1987

4. FEI Number

59-2802037

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 9644 MOON LAKE RD.

Suite, Apt. #, etc.

22 NEW PORT RICHEY

City & State

23 FL.

Zip

24 34654

Country

25 USA.

2a. Mailing Address

26 11620 WILDCAT LN.

Suite, Apt. #, etc.

27 NEW PORT RICHEY

City & State

28 FL.

Zip

29 34654

Country

30 USA

9. Name and Address of Current Registered Agent

RUSSELL, ROBERT W., SR.
11620 WILDCAT LN.
NEW PT. RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name

JANET M. RUSSELL

82 Street Address (P.O. Box Number is Not Acceptable)

11620 WILDCAT LN.

83

84 City

NEW PORT RICHEY FL

85 Zip Code

34654

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-99

12. OFFICERS AND DIRECTORS

TITLE VD
NAME RUSSELL, JANET M.
STREET ADDRESS 11620 WILDCAT LN.
CITY-ST-ZIP NEW PT. RICHEY FL 34654

☒ DELETE

TITLE PRESIDENT
NAME ROBERT W. RUSSELL SR.
STREET ADDRESS 11620 WILDCAT LN.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT AND VICE PRESIDENT

☒ Change

☐ Addition

1.2 NAME

JANET M. RUSSELL

1.3 STREET ADDRESS

11620 WILDCAT LN.

1.4 CITY-ST-ZIP

NEW PORT RICHEY FL 34654

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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, with all other like empowered.

SIGNATURE Janet M. Russell JANET M. RUSSELL 3/2/99 717-856-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)