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 # K74764

1. Corporation Name

I.R.E. REAL ESTATE INVESTMENTS, INC.

Principal Place	e or business	Mailing Address				
P.O. BOX 5403 FT. Lauderdale FL 33310		P.O. BOX 5403 FT. LAUDERDALE FL 33310				DO NOT MENT IN THIS SPACE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						03/23/1989
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0107830 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
22		27 City & State				·
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23		Zip Country				
Zip	Country	Zip	$\overline{}$	inu y		8. This corporation owes the current year intengible Personal Property Tax.
24	25	29	30	,		Personal Property Tax. LYes LNo 10. Name and Address of New Registered Agent
	9. Name and Address of Current	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
I FVA	AN, ALAN B.			Ľ		
1750	E. SUNRISE BLVD., 3RD FLOOF	R		82	Street Add	ddress (P.O. Box Number is Not Acceptable)
FT. L	AUDERDALE FL 33304			83		
				84	City	FL 85 Zip Code
44 D	to the annihim of Castiana COT OF	2 and 607 1609 Etarida Status	too the s	boys	named cor	· —
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a kions of, Section 607.0505, Flo	es, me a authorized orida Stat	d by tutes.	the corporat	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE						ured when reinstating) DATE
	Signature, typed or printed name of registered agent		13.	Agent	signature redui	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OFFICERS AN	D DELETE	1,1 Ti	n E		Change Addition
TITLE	, · -		1.2 N			
NAME	LEVAN, ALAN B.					
STREET ADDRESS	P.O. BOX 5403 N/A				ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33310	□ DELETE	_	TY-ST	-21P	☐ Change ☐ Addition
TITLE	VST	[] DETEIL	2.1 TI			
NAME	GILBERT, GLEN R.		2.2 N	AME	ĺ	
STREET ADDRESS	P.O. BOX 5403 N/A		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33310		2.40	ITY-\$	T-ZIP	
TITLE		☐ DELETE	3.1 TI	TLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. C	HTY-\$1	r-zip	
TITLE		C DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME			4. 2 N	IAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4.4 C	TY-ST	- ZIP	
TITLE		☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS			5.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			5.4 C	ITY-\$T	-ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME	1	

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:

Executive Vice President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-760-5200

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90227 030 ***150.00

CR2E034 (11/98)

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 $\equiv 1.25$ = :± $\equiv 100\,\mathrm{km}$

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