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 # K89075

1. Corporation Name

INDEPENDENT INVESTIGATIONAL REVIEW BOARD, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90043 023 ***150.00



Principal Place of Business Mailing Address							((\$414()) 451 15114 (\$11) 46()) (\$25) 511 2121, 5151, 5151, 5151, 5151, 5151, 5151, 5151, 5151, 5151, 5151,			
%KIM B. LERNE	R	%KIM B.	%KIM B. LERNER				•			
9721 SEA TURT			9721 SEA TURTLE DR				DO NOT WRITE IN THIS SPACE			
PLANTATION FL 33324			PLANTATION FL 33324				3. Date Incorporated or Qualified			
						1	05/18/1989			· •
2 Principal Pl	ace of Business	2a. Maili	ng Address			-+	4. FEI Number		Apr	olied For
z. Frincipai Fi	ace of Business	⊢ ¬	26				65-0131304		Not	Applicable
Suite, Apt.	# etc.		Suite, Apt. #, etc.						\$8.75 A	dditional
22	.,	27	27				5. Certifcate of Status Desired		Fee Re	quired
City & State	9		City & State				6. Election Campaign Financing	<u></u>	\$5.00	May Be
23		28	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible			
24	25 29			30			Personal Property Tax. Yes No			
	9. Name and Address of Currer	t Registered	Agent				10. Name and Address of New R	egistered A	gent	
	IED WILL D			81	Name					
	NER, KIM B.	0	To the Dun	g 82	Street	Address	(P.O. Box Number is Not Acceptal	ole)		
_	NE 182 TERRACE 9721	Zea	mulic Diw		<u></u>					
NOH	TH MIAMI-BEACH FL 33162	lautai	Teatle Dru two 71	83	ļ					
	'			84	City				85 Zip C	ode
		3332	<u> </u>					<u>FĻ</u>		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Su	ch change was auth	iorized by	the corpo	corpora oration's	ation submits this statement for the parties board of directors. I hereby accept	t the appoin	tment as reg	jistered
SIGNATURE								DATE		
	Signature, typed or printed name of registered age			gistered Ager	nt signature re	equired wh	nen reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12.	OFFICERS AN	DIRECTOR	DELETE	1.1 TITLE	1	<u> </u>	ADDITIONO GIARCES , S S I		Change	Addition
TITLE	PD				1.2 NAME		and the state of t		-	
NAME	MCSHARRY, ANITA				1.3 STREET ADDRESS					}
STREET ADDRESS	910 WREN AVENUE				1.4 CITY-\$T-ZIP					Ì
CITY-ST-ZIP	MIAMI SPRINGS FL		DELETE	2.1 TITLE	11-217	 			Change	Addition
TITLE	VSD VIA P			2.2 NAME						
NAME	Lerner, Kim B. 9721 sea turtle dr			l.	T ADDRESS					
STREET ADDRESS	PLANTATION FL			2.4 CITY-						[
CITY-ST-ZIP	PLANTATION FE		☐ DELETE	3.1 TITLE	31-211	$\vdash \neg$,	☐ Change	☐ Addition
TITLE				3.2 NAME						
NAME			•		TADDRESS					\
STREET ADDRESS				3.4. CITY-:		1				
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	31-21	 			Change	Addition
NAME			_	4. 2 NAME			·			5
STREET ADDRESS					TADDRESS	.[
				4.4 CITY-5		i				
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE		<u> </u>			Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS					
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP					
TITLE			□ DELETE	6.1 TITLE		1			Change	☐ Addition
NAME				6.2 NAME		1				
STREET ADDRESS				6.3 STREE	T ADDRESS			- ·		
	I control of the cont			_						

6.4 CITY-ST-ZIP 14. 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:

R OR DIRECTOR