

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:27

DOCUMENT # K98633

(6)

1. Corporation Name

IREM, INC.

Principal Place of Business

Mailing Address

C/O SMITH HUSLEY & BUSEY
225 WATER STREET
JACKSONVILLE FL 32202

C/O SMITH HUSLEY & BUSEY
225 WATER STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1989

3a. Date of Last Report

02/21/1994

4. FEI Number

59-2956509

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HULSEY, SMITH & BUSEY
225 WATER STREET
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

85 Zip Code

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 of Agent or person authorized to register a firm and the firm's name)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	ALI, OMAR ABDI
STREET ADDRESS	225 WATER STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	ALI, OMAR ABDI
STREET ADDRESS	225 WATER STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DT
NAME	EL-HELW, MAHMOUD
STREET ADDRESS	225 WATER ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	EL-HELW, MAHMOUD
STREET ADDRESS	225 WATER ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	D
3.3 STREET ADDRESS	EL-HELW, MAHMOUD
3.4 CITY - ST - ZIP	225 WATER ST. JACKSONVILLE, FL 32202
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	DT
5.3 STREET ADDRESS	RAWASHDEH, ZIAD
5.4 CITY - ST - ZIP	225 WATER ST. JACKSONVILLE, FL 32202
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

(Signature)

(904) 359-7713

Signature of Agent or person authorized to register a firm and the firm's name

Signature of Registered Agent

Date

(Signature) (Name)