PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L39450

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

IRELAND CORAL GARDENS, INC.

_						ill					
Principal Place of Business Mailing Address											
12000 BISCAYNE	E BLVD.	12000 BISCAYNE BLVD.	12000 BISCAYNE BLVD.								
STE. 810		STE. 810					DO NOT WRITE IN THIS SPACE				
MIAMI FL 33181		MIAMI FL 33181	AIAMI FL 33181			3 Date Inc	3. Date Incorporated or Qualifed				
						01/02/		='			
a Deineinet (II	ace of Business	2a Mailing Address				4, FEI Nur			An	plied For	
 i	ace of business	2a. Mailing Address				65-017				t Applicable	
Suite, Apt.	# otc	Suite, Apt. #, etc.							\$8.75		
	r, etc.	27				Certifca	te of Status Desired		Fee Re		
City & State		City & State				e Election	Campaign Financing	_	\$5.00	May Be	
<u> </u>	•	28				and Contribution		Added t			
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible				
24	25	29	30	·		1	i Property Tax.		∐Yes	⊠ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registo				Registered	Agent	/	
	<u> </u>			81	Name						
ireu/	AND, R. SCOTT			82				(- 1, 1 - 3			
12000	O BISCAYNE BLVD.					ddress (P.O. Box	ss (P.O. Box Number is Not Acceptable)				
STE.	810										
MIAM	II FL 33181										
				84	City			FL	85 Zip (Code	
		20 and 607 4500 Elarida Statu	toc the a	hove	a-named c	omoration submits	this statement for the		changing its	registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was	authorize	l by	the corpor	ration's board of di	rectors. I hereby acce	ept the appoi	ntment as re	gistered	
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Stat	⊔tes							
SIGNATURE			- h	A		unbon reinstation		DATE			
OFFICE AND DIDECTORS				egistered Agent signature required 13.			NS/CHANGES TO O		ID DIRECTO	DRS IN 12	
12. TITLE	OPPICERS AND DIRECTORS 13			TI F		ADDITIO	NO/OTIATOLO TO O	T TOLINO AIR	Change	Addition	
1			1.2 NA							ļ	
NAME	IRELAND, R. SCOTT				ADDRESS					1	
STREET ADDRESS	12000 BISCAYNE BLVD.				- 1					-	
C/TY-ST-ZIP			1.4 CITY-ST-ZIP 2.1 TITLE					☐ Change	Addition		
TITLE			2.2 NAME								
NAME	IRELAND, LOU		i i								
STREET ADDRESS	12000 BISCAYNE BLVD.				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33181	Chelere		2. 4 CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE									, radition		
NAME			3.2 N								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP					T-ZIP					Addition	
TITLE		☐ DELETE	4.1 TITLE						Change	☐ Addition	
NAME			4.2 N	AME	\						
STREET ADDRESS	4.3		4.3 S	4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 C	CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 Ti	TLE					Change	☐ Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREET	ADDRESS						
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	6.1 TI	TLE					☐ Change	☐ Addition	
NAME			6.2 N	AME							

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

May 06, 1999 8:00 am Secretary of State

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