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

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1998 98 MAY 19 PM 3: 10 DOCUMENT #
1. Corporation Name .39478 SECRETARY OF STATE TALLAHASSEE, FLORIDA IRELAND UNIVERSITY, INC. Principal Place of Business Mailing Address 12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. STE. 810 STE. 810 DO NOT WRITE IN THIS SPACE MIAMI FL 33181 MIAMI FL 33181 3. Date Incorporated or Qualified 01/02/1990 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0172776 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country  $Z_{\rm ID}$ Zio Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo IRELAND, R. SCOTT 12000 BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 STE. 810 83 **MIAMI FL 33181** 84 City 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, typed or pointed mone of registered agout and bloom agglicable (NOTC Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELLTE DPS 1.1 TITLE TITLE 30000254881 IRELAND, R. SCOTT 1.2 NAME NAME -06/05/98--01062--001 12000 BISCAYNE BLVD. 1.3 STREET ADDRESS STREET ADDRESS \*\*\*5550.00 \*\*\*\*150.00 MIAM! FL 33181 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE **IRELAND, LOU** 2.2 NAME NAME 12000 BISCAYNE BLVD. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33181** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CHY- \$1 - 7IP CITY-ST-ZIF DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 argual 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 composition or he recommon or trustog empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if char

16-11-90

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