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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham **ANNUAL REPORT** Socretary of State **19**98 DIVISION OF CORPORATIONS 98 MAY 19 PM 3: 11 DOCUMENT # L39501 (6)SECRETARY OF STATE TALLAHASSEE, FLORIDA IRELAND PROPERTIES MANAGEMENT, INC. Principal Place of Business Mailing Address 12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. STE. 810 STE. 810 MIAMI FL 33181 MIAMI FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1990 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 59-2991992 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name IRELAND, R. SCOTT 12000 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 810 MIAMI FL 33181 83 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 agont, 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 printed name of regelered agent and otte if applicable (NOTE Registered Agent signature required whon reinstaling) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ___ Addition IRELAND, R. SCOTT NAME 1.2 NAME 400002548804-12000 BISCAYNE BLVD. STREET ADDRESS 1.3 STREET ADDRESS -06/05/98--01062--001 **MIAMI FL 33181** CITY-ST-ZIP 1.4 CITY-ST-ZIP *****5550.00** ****150. ☐ DELETE TITLE 2.1 TITLE IRELAND, LOU NAME 22 NAME 12000 BISCAYNE BLVD. STREET ADDRESS 23 STREET ADDRESS **MIAMI FL 33181** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3 2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TIBLE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change 5.1 TITLE Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP DETETE TITLE 61 THLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 chapter or or an attackment with an address?