FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L39515 (6)

1. Corporation Name
IRELAND PALATKA, INC.

Principal Place of Business	Mailing Address
% R. SCOTT IRELAND 1125 N.E. 125TH ST N. MIAMI FL 33161	% R. SCOTT IRELAND 1125 N.E. 125TH ST N. MIAMI FL 33161

3. Date Incorporated or Qualified: 01/02/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 12000 Biscayne Blvd.	26 12000 Biscayne Blvd.
Suite, Apt #, etc: 22 Suite 810	Suite, Apt #, etc: 27 Suite 810
City & State: 23 Miami, FL	City & State: 28 Miami, FL
Zip: 24 33181 / Country: 25 Dade	Zip: 29 33181 / Country: 30 Dade

4. FEI Number: 65-0174005 ☐ 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 XX No

9. **Name and Address of Current Registered Agent**

IRELAND, R. SCOTT
1125 N.E. 125TH ST
N. MIAMI FL 33161

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 12000 Biscayne Blvd., Suite 810
83
84 City Miami FL 85 Zip Code 33181

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 ______ Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	XX Change ☐ Addition
NAME	IRELAND, R. SCOTT	1.2 NAME	
STREET ADDRESS	1125 N.E. 125TH ST	1.3 STREET ADDRESS	12000 Biscayne Blvd., Suite 810
CITY ST ZIP	N. MIAMI FL	1.4 CITY ST ZIP	Miami, FL 33181-2742
TITLE	V	2.1 TITLE	XX Change ☐ Addition
NAME	BEINING, LOU	2.2 NAME	
STREET ADDRESS	1125 N.E. 125TH ST.	2.3 STREET ADDRESS	12000 Biscayne Blvd., Suite 810
CITY ST ZIP	N. MIAMI FL	2.4 CITY ST ZIP	Miami, FL 33181-2742
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	T.S. 5/10/95

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: Lou Beining 4/27/95 305-891-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0173560 CP