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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	<i>94.</i> -∕	etary of state PF CORPORATIONS		
1. Corporation		15 (6)			
IRELAN	ND PALATKA, INC.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	di diki bidir didir didir dibi dibi didir didir didir
Principal Place		Mailing Address		1 +4 0++4+1 000 11110 (040) 01101 1101 1101	tr dire deller di bie di bit diffte debet di bit illibit
12000 BISCAYNE BLVD. STE. 810 Miami Fl. 33181		12000 BISCAYNE BL STE. 810	LVD.		
		MIAMI FL 33181		Date Incorporated or Qualified	
		······		01/02/1990	05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0174005	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζφ 24	Country 25	Zipi	Country	This corporation has liability for Florida Statutes	intangible tax under s 199.032, ☑ No
<u> </u>	9. Name and Address of Curr	29 ent Registered Agent	[30]	10. Name and Address of New R	
			81 Name		
	D, R. SCOTT		82 Street Ad	dress (P.O. Box Number is Not Acceptab	vle)
12000 B STE. 81	SISCAYNE BLVD.		B3		
MIAMI F			84 City		
					FL 85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607,05 ed agent, or both, in the State of Fix h, and accept the obligations of Se	02 and 607.1508, Florida Statu orida: Such change was author oction 607.0505. Florida Statuti	utes, the above named corporation's bo	oration submits this statement for the pur and of directors. Thereby accept the apparent	pose of changing its registered office pintment as registered agent. I am
SIGNATURE _					
12.	Signature: typed or protect han clot registered as OFFICERS A	entand the diagrication in IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	DOEDS AND DIDECTORS IN 12
TIFLE	DPS	☐ DELETE	1 1 TITLE	ADE/HONO/OHANGES TO OH	Change Addition
NAME	IRELAND, R. SCOTT		1.2 NAME		
STREET ADDRESS	12000 BISCAYNE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33181		1.4 C:1Y - \$1 - 7iP		77 05
NAME	V PENING LOD		2 1 TO LE 2 2 NAME	Ireland, Lou	XX Change
STREET ADDRESS	Serinte, coo		2.3 STREET ADDRESS	Ireland, Lou	
CITY-ST-ZIP	MIAMI FL 33181		2.4 CHY-S1-ZIP		
TITLE	DIE BILL TE VETE	DELETE	3 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		E) or or	3.4 CITY - ST - 7IP		
TITLE NAME		☐ DELETE	4 1 T TLE		Change Addition
STREET ADDRESS			4.2 NAMS 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME	30000173	39943
STREET ADDRESS			5/3 STREET ADDRESS	30000173 -04/29/96011	:25002
CHTY - ST - ZIP		Florers	5.4 CITY - S1 - ZIP	***6116.25	
TITLE		☐ DELETE	€ 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		7.1.9
CITY-ST-ZIP			6.4 CITY - ST- ZIP		4.4

14. Ido 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 supplier ental 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 13 if chapter 607 on an attachment with an applicas.

SIGNATURE;

SIGNATURE AND TYPED OR EXMITED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

305 891 6806

Daytime Pt one #