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

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 139526

(3)

FILED

98 MAY 19 PM 3: 11

IRELAND LAKES, INC.				SEURE IART OF STATE
				TALLAHASSEE, FLORIDA
""				I IDANEKI BAB IIIIA POITE ARKO KIDIT AKK BIRK BIRK BIRK BIRK BIRK BIRK BIRK BI
Principal Plac	e of Business	Mailing Address		
12000 BISCAY	INF RLVD	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
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2992007 Not Applicable
22		· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired Security Securi
City & State		City & State		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Ζφ	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 Curre			10. Name and Address of New Registered Agent
IRF	LAND, R. SCOTT		81 Name	
12000 BISCAYNE BLVD.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
STE. 810			311661 AC	duress (1.0. dox number is not Acceptable)
MIAMI FL 33181			83	
			84 City	Pag. Tio Code
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Sta	lutes, the above-named c	orporation submits this statement for the purpose of changing its registered eration's board of directors. I hereby accept the appointment as registered
office or i	regi stere d agent, or both, in the State ini fam iliar with, and accept the oblig	e of Florida. Such change wa Pations of, Section 607.0505.	s authorized by the corpo Florida Statutes	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		,	To load Climates	
SIGNATURE	Signature, typed or product name of respectived ac-	enatauschte if applicable (N	OH: Registered Agent signature re	equired when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OPS	☐ DELETE	1.1 TITLE	Change Addition
NAME	IRELAND, R. SCOTT		1.2 NAME	4000025487949 -06/ <u>05/</u> 9801062001
STREET ADDRESS	12000 BISCAYNE BLVD.		1.3 STREET ADDRESS	-06/05/9801062001
CITY-ST-ZIP	MIAMI FL 33181		1.4 CITY - ST - ZIP	***550.00 <u>**</u> **150.00
TITLE	V	☐ DELETE	2 1 TITLE	Change Addition
NAME	IRELAND, LOU		2.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD.		2 3 STREF1 ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181		2.4 CITY+ST-ZIP	
TITLE		☐ DELE1E	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4. CITY-ST-ZIP	
TITLE		☐ DELETE	4) TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		·	4.4 CITY-ST-ZIP	
TITLE		☐ DELFTE	51 TITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5.9 STHEET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	Change Addition
N.C.AF	İ		C 0 3 44 47	

6.4 CITY - ST - ZIP 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 informationicaled 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 in 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, ir or an attachment with an address.

6.3 STREET ADDRESS