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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

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1. Corporation	IR ENTERPRISES, INC.			THE RESIDENCE OF THE PROPERTY	I dir in andik ditih di di h andik dari
	<u> </u>				
Principal Plac	ce of Business	Mailing Address			
PO BOX 1180 HERNANDO FL 34442-1180 US		PO BOX 1180 HERNANDO FL 34442-1180 US		DO NOT WRITE IN TH	IS SPACE
				3. Date incorporated or Qualifed 09/06/1990	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3032657	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country 30	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes
24	9. Name and Address of Current		, , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registered	
	LUCION		81 Name		<u></u>
STE	TKAR, LARRY		. 82 Street Add	dress (P.O. Box Number is Not Acceptable)	
898	5 NORTH CEDAR COVE RD.		OZ Sileet Aut	f Soud B that you take one or or	r named actor in not the mental promote the
יוטע	INELLON FL 32630		83		
	,		84 City	3 - 1 - 31 - 15 - 15 - 15 - 15 - 15 - 15	85 Zip Code
70 200 1100		Purk a profession was		FI	
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida, Such change was aut	s, the above-named cor thorized by the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appropriate the submits of the purpose of the submits of	of changing its registered ointment as registered
		7113 OI, OBCION 007.0303, MORE	ua Glaidies,		•
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	Registered Agent signature requi	red when reinstating) + ; ; ; ; ; DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP LADDY	DELETE	1.1 TITLE	5431 35.77	Change Addition
NAME	STETKAR, LARRY		1.2 NAME		
STREET ADDRESS	8985 N. CEDAR COVE RD. DUNNELLON FL		1.3 STREET ADDRESS		•
TITLE	VST	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	STETKAR, SANDRA		2.2 NAME		□ evenêé □ veneren
STREET ADDRESS	0000 N OFFIR COVE PR		2.3 STREET ADDRESS		•
CITY-ST-ZIP	DUNNELLON FL		2.4 CITY-ST-ZIP		
TITLE STORY	31	☐ DELETE	3.1 TITLE	 	☐ Change ☐ Addition
NAME	Note that the second of the second		3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS	大手的一张一定一场 们 ,他们不够	16. 16. 27 AM AM ASSESSED
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Fig. 1. The State of the State of	: Change : Addition
NAME ON 1170	•	A Section 1	4. 2 NAME		
STREET ADDRESS	[TANGER]	· 统建设。 1000年 - 1000年	4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	17	til guarde
STREET ADDRESS			5.3 STREET ADDRESS	***	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1.13. 1.6.	
TITLE	Grand State Control of the Control o	☐ DELETE	6.1 TITLE		Change Addition
NAME	多等数(ALA) 10 (6)		6.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	DER ELECTION 1	•	63 STREET ADDRESS		

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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-08

3527266322

Daytime Phone #