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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01333

I.R.E. PENSION ADVISORS CORP.

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FILED May 15 1997 8:00am Secretary of State

Principal Place of Business			Mailing Address							CII BIBII BIBI	I BIBII (EBI
P O BOX 5403 FT LAUDERDALE FL 33310-5403 US		FT	P O BOX 5403 FT LAUDERDALE FL 33310-5403 US								
								3. Date Incorporated or Qualified 06/04/1984	3a, Dal 05/0	e of Last F 1/1996	Report
······	lace of Business	2a. 26	Mailing Address					4. FEI Number 59-2476091		<u> </u>	pplied For
Suite, Apt. #, etc.			Suito, Apt. #, etc.					39-2470091			ol Applicable
22			7					5. Certificate of Status Desired			Additional equired
City & State			City & State					6. Election Campaign Financing			May Be
23		28		···	*****			Trust Fund Contribution			to Fees
Zip	Country		Zip		untry	1		8. This corporation has liability for in			s. 199.032,
24	25 9. Name and Address of Current	29 Regis	tered Agent	30	Т			Florida Statutes 10. Name and Address of New Reg		No nent	
						Nai	ne	10. Hamo and Address of New Hos	J. 51.01.00 A	gon.	
1750 E SUNRISE BLVD					82	- C1/	ot Addro	oco (D.C. Boy Number is Not Assessed			
3RD FLOOR					62	500	er Addre	ess (P.O. Box Number is Not Acceptab	e)		
FT LAUDERDALE FL 33304					В3	Ī					
					84	City	· · · · · · · · · · · · · · · · · · ·			85 Zip	Code
41 Durament	to the provinions of Sections 607 05 02	0046	07 11 00 Florido Cintuto		<u> </u>	L			FL	1 1 '	
office or re	egistered agent, or both, in the State of	Horio	da Such change was a	es, me a iuthoriz€	d by	y the c	orporation	oration submits this statement for the pi on's board of directors. I hereby accep	urpose of a t the appo	changing i intment as	is registered registered
	m tamiliar with, and accept the obligati	ons oi	r, Section 607.0505, Fio	rida Sta	tutes	S.					
SIGNATURE	Signature, typed or printed name of registered agent.	and title	nappicable (NOII	Hegistere	d Age	nt sign	ature require	ed wher reinstating)	DATE		
12.	OFFICERS AND	DIREC		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	PD I STANL ALANI B		DELETE	1.1]	TLE					Change	☐ Addition
NAME	LEVAN, ALAN B. 1750 E SUNRISE BLVD 3RD FLO	ND		1.2 N	AME						
STREET ADDRESS	FT LAUDERDALE FL	7 011				ADDRE	SS				
CITY-ST-ZIP TITLE	D		DELETE	1.4 C 2.1 Ti		T-ZIP				Change	Addition
NAME	MCKENNY, CARL		_ otterie	2.2 N					L	Onlinge	L. Medition
STREET ADORESS	1750 E SUNRISE BLVD 3RD FLO	OR				ADDRE	ss				
CITY-ST-ZIP	ft Lauderdale fl					\$1 - ZIP					
TITLE	D		DELETE	3.1 T						Change	Addition
NAME	PERTNOY, EARL			3.2 N	AME						
STREET ADDRESS	1750 E SUNRISE BLVD 3RD FLO FT LAUDERDALE FL	JUH		338	TREET	AUDRE	ss				
CITY-ST-ZIP	STV		D DOLGER			ST - 71P					
TITLE	GILBERT, GLEN R.		□ DELETE	4.1 11					ŧ	Change	Addition
name Street address	1750 E SUNRISE BLVD 3RD FLO	OOR		4.21		ADDDE	ne l				
CITY-ST-ZIP	FT LAUDERDALE FL				IREET ITY-S	ADDRE	00				
TITLE			DETELE	5.1 1		1 211				Change	Addition
NAME				5.2 N	AME				_	_ , . •	
STREET ADDRESS				5.3 S	TREFT	ADDRE	ss				
CITY-ST-ZIP				5.4 C	114-5	1-21P					
TITLE			□ DELETE	6 1 TI					T	Change	Addition
NAME				6 2 N							
STREET ADDRESS						ADDRE:	SS				
CITY-ST-ZIP 14. I do hereb	by certify that the information supplied v	vith th	is filing does not qualify	6.4 Cl v for the	CVO	mestic	n stated i	in Section 119 07(3)(i) Florida Statutos	Hurther	cortify that	the
14. I do 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 supplyemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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. GLEN R. GILBERT											