

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **M11940** (7)

1. Corporation Name
I.R.E. INCOME ADVISORS CORP.

Principal Place of Business
**1320 S. DIXIE HWY.
4TH FLOOR
CORAL GABLES FL 33146**

Mailing Address
**1320 S. DIXIE HWY.
4TH FLOOR
CORAL GABLES FL 33146**

3. Date incorporated or Qualified **02/28/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2503746** 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 No

2. Principal Place of Business 2a. Mailing Address

21 **P.O. BOX 5403** 26 **P.O. BOX 5403**

22 **FT. LAUDERDALE, FL 33310-5403** 27 **FT. LAUDERDALE, FL 33310-5403**

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**LEVAN, ALAN B.
1320 S. DIXIE HWY.,
4TH FLOOR
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name **LEVAN, ALAN B.**

82 Street Address (P.O. Box Number is Not Acceptable) **1750 E. SUNRISE BLVD., 3RD FLOOR
FT. LAUDERDALE, FL 33304**

83

84 City **FT** 85 Zip Code

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEVAN, ALAN B. 1320 DIXIE HWY 4TH FL CORAL GABLES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1750 E. SUNRISE BLVD., 3RD FLOOR FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKENRY, CARL 1320 S DIXIE HWY CORAL GABLES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1750 E. SUNRISE BLVD., 3RD FLOOR FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST GILBERT, GLEN R. 1320 S DIXIE HWY CORAL GABLES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1750 E. SUNRISE BLVD., 3RD FLOOR FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERTNOY, EARL 1320 S DIXIE HWY 4TH FL CORAL GABLES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1750 E. SUNRISE BLVD., 3RD FLOOR FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **OLEN R. GILBERT** Senior Vice President **4/24/95 (305) 160-6200**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #