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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11940

(7)

Mailing Address

I.R.E. INCOME ADVISORS CORP.

	F	ILED	1
May	15	1997	8:00am
Sec	ret	ary of	State



P O BOX 5403 4TH FLOOR FT LAUDERDALE FL 33310-5403 US		P O BOX 5403 4TH FLOOR FT LAUDERDALE FL 333 US	4TH FLOOR FT LAUDERDALE FL 33310-5403		Date Incorporated or Qualified 02/28/1985	3a. Date of Last Report 05/01/1996	
2. Principal	Place of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number		Applied For
21 26					59-2503746		Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required
City & Sta		City & State	28		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip 24	Country 25	Z ₁ p 29	Countr 30	y]Yes 👿 No	r s. 199 032,
	9. Name and Address of Cur	rent Registered Agent	8.	I Namo	10. Name and Address of New Re	gistered Agent	
	EVAN, ALAN B.		6	Name			
	'50 E SUNRISE BLVD		82	Strect Add	lress (P.O. Box Number is Not Acceptat	ole)	
	fird floor Clauderdale fl 33304		- - 8:	d			
	LAUDENDALE PL 33304						<u> </u>
	•		8	City		FL 85 Z	ip Code
11. Pursuar office o	nt to the provisions of Sections 607.0 r registered agent, or both, in the St I am familiar with, and accept the ob-	0502 and 607.1508, Florida Stal ate of Florida. Such change wa aligations of Section 607.0505	lutes, the abous authorized because Statute	ve-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accep		g its registered as registered
SIGNATURE	•	Survey of Expression Control of					
BIGINATURE	Signature, typed or printed name of registered			gent signature requ	ਮਾਰਰ when reinstating)	DATE	
12.		AND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFIC		
TATLE	PD LEVAN, ALAN B.	DELETE	1.1 TillE			Chang	ge
NAME	AREA E ALMANAE BLUS SIN	RD ELOOR	1.2 NAME				
STREET ADDRESS	FT LAUDERDALE FL	110 1 20011	1.4 CiTY	T ADDRESS			
TITLE	D	DELETE	21 1011	51.24		Chang	ge Addition
NAME	MCKENRY, CARL	_	2 2 NAME				
STREET ADDRES	s 1750 E SUNRISE BLVD THE	RD FLOOR	2 8 STHE	ET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CITY	- S1 - ZIP			
TITLE	VST	DELETE	3 1 111LF			☐ Chang	ge 🔲 Addition
NAME	GILBERT, GLEN R.	DD 7: 00D	3.2 NAMI				
STREET ADDRES		KD FLOOK		T ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	3.4. CITY			Chang	ge [] Addition
TITLE	PERTNOY, EARL	□ DELETE	4.4 TOLE	1		L'1 cusui	je <u>1.</u> j Addillon
NAME STREET ADDRES	1704 TO ALIANDON BULLO TUD	RD FLOOR	4. 2 NAM	ET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY				
TITLE		DELETE	5.1 TITLE			Chang	ge [] Addition
NAME			5 2 NAMI				
STREET ADDRES	s		5.3 STRE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY	- ST - 7IP			
TITLE		☐ DELETE	617171.6			☐ Chan	ge 🔲 Addition
NAME			6.2 NAM	•			
STREET ADDRES	s		6.3 \$1RE	ET ADDRESS			
CITY-ST-ZIP			6 4 DITY	-\$1 - ZIP			

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 supplemental annual report is true and accurate and that my signature shall have the same logal 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.

GLEN R. GILBERT

4/30/97 954-710-520