## 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** May 10, 1999 8:00 am Secretary of State

05-10-1999 90229 015 \*\*\*150.00

## DOCUMENT # M13490

I.R.E. ADVISORS SERIES 28, CORP.

								i <b>vigiv</b> (311) vali vibil 41			HER I BURNE I I BURN	
Principal Place of Business Mailing Address												
P.O. BOX 5403		P.O. BOX 5403				1						
FT. LAUDERDALE FL 33310-5403		FT. LAUDERDALE FL 33310-5403				DO NOT WRITE IN THIS SPACE						
US		US				-	3. Date Incorporated or Qualifed					
						'	04/10/1985	admed				
O Detected Di	- of Decisions	2a. Mailing Address					4. FEI Number		—Т	Δn	olied For	
_ '	ace of Business	<b>⊢</b>					59-2553817		-		Applicable	
21	41 - 4 -		[26]				39-2333017		48			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			:	5. Certificate of Status Desired						
22		City & State										
City & State	е	— <u> </u>			'	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
23 Zin	Country	28	Col	untry							01663	
Zip	Country	<u> </u>	30	2010 y		Ι,	8. This corporation owes the current year Intangible Personal Property Tax.					
24	9. Name and Address of Cui	ront Pagistared Agent	30	<u>u</u>			IO. Name and Address of					
	9. Name and Address of Cui	rrent Registered Agent		81	Nan		io. Hame and Hourest o	. How roughter-	.3			
I FVA	N, ALAN											
1750 E. SUNRISE BLVD				82	Stre	et Address	ddress (P.O. Box Number is Not Acceptable)					
3RD FLOOR				83							-	
	AUDERDALE FL 33304			03								
11.6	AUDENDALE I C 00004			84	City				85	Zip C	Code	
					<u> </u>			FL	بلب			
office or re	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change w	as authorize	d bv	the co	ed corporat orporation's	tion submits this statement board of directors. I here	y accept the appoin	tment	as rec	gistered	
_	m jamiliar with, and accept the ob	ingations of, Section our .0000	, i sonda Sta	uies								
SIGNATURE	Signature, typed or printed name of registered	I agent and title if applicable.	NOTE: Registere	d Agen	nt signati	re required whe	en reinstating)	DATE				
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES	TO OFFICERS AN	D DIR	ECTO	RS IN 12	
TITLE	DP	☐ DELET	E 1.1 T	ITLE					CH	ange	☐ Addition	
NAME	LEVAN, ALAN B.		1.2 N	AME								
STREET ADDRESS	1750E SUNRISE BLVD		1.3 S	TREET	TADDRE	ess						
CITY-ST-ZIP	1411000041000		1.4 CITY-ST-ZIP									
TITLE										Addition		
NAME	GILBERT, GLEN R	RERT GIEN R									,	
STREET ADDRESS			2.3 STREET ADDRESS									
					ST-ZIP							
CITY-ST-ZIP	D DELETE 3:17				)I-ZIF				☐ Ch	ange	☐ Addition	
	_	3.2 N							_	-		
NAME	PERTNOY, EARL				T ADDRE							
STREET ADDRESS	1750 E SUNRISE BLVD					.55						
CITY-ST-ZIP	FT. LAUDERDALE FL	☐ DELET			ST-ZIP	-		·	☐ Ch	ange	Addition	
TITLE	D AGUENDY OADI										_	
NAME	MCKENRY, CARL			NAME								
STREET ADDRESS	1750 E SUNRISE BLVD				TADDRE	:55						
CITY-ST-ZIP	FT. LAUDERDALE FL	□ prict		ITY-S	T- ZIP				☐ Ch		Addition	
ππε		☐ DÉLÉT	1							unge	- reduion	
NAME				AME	T.6							
STREET ADDRESS					TADDRE	:55						
C/TY-ST-Z/P					T-ZIP						Maddition -	
TITLE		☐ DELET							☐ Ch	.ange	☐ Addition	
NAME			2 NAME									
CTREET ADDRESS			6.3 5	TREE	TADDRE	ss l						

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 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:

STREET ADDRESS

GLEN R. GILBERT Executive Vice President

954-760-5200

CR2E034 (11/98)

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