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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M18707

(3)

I.R.E. PENSION ADVISORS II, CORP.

Principal Place of Business Mailing Address

FILED Jun 18 1998 8:00am Secretary of State



P O BOX 5403 1 P O BOX 5403 FT LAUDERDALE FL 33310-5403 FT LAUDERDALE FL 33310-5403 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2567622 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name POGOX 5100 1750 E. Sunrise Blud, 3rd floor Street Address (P.O. Box Number is Not Acceptable) ∡FT L**AU**DERDALE FL 33310 83 84 City 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 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 Signature, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE LEVAN, ALAN B NAME 1.2 NAME 1750 E SUNRISE BLVD THIRD FLOOR 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDAEL FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE MCKENNY, CARL 2.2 NAME NAME 1750 E SUNRISE BLVD THIRD FLOOR STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITUE TITLE PERTNOY, EARL 3.2 NAME NAME 1750 E SUNRISE BLVD THIRD FLOOR 3.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 3.4. CiTY - ST- ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition GILBERT, GLEN R. 4. 2 NAME NAME 1750 E SUNRISE BLVD THIRD FLOOR 4.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 4.4 City-St-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITL€ 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP BODDD256541 Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME -**06**/19/38---01060---**01**2 6.3 STREET ADDRESS STREET ADDRESS ***150.00

14. I hereby centry 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.

Executive Vice President