

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M23382 (8)

1. Corporation Name

I.R.E. ADVISORS SERIES 29, CORP.

Principal Place of Business

P.O. BOX 5403
1320 SOUTH DIXIE HWY
FT. LAUDERDALE FL 33310-5403
US

Mailing Address

P.O. BOX 5403
1320 SOUTH DIXIE HWY
FT. LAUDERDALE FL 33310-5403
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/14/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2665883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 198.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 P.O. BOX 5403
22 FT. LAUDERDALE, FL 33310-5403

2a. Mailing Address

26 P.O. BOX 5403
27 FT. LAUDERDALE, FL 33310-5403

City & State

23

Zip

Country

24

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVAN, ALAN B.
1750 E SUNRISE BLVD
3RD FLOOR
FT. LAUDERDALE FL 33304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature (typed or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEVAN, ALAN B.
STREET ADDRESS	1750 E SUNRISE BLVD
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	MCKENRY, CARL
STREET ADDRESS	1750 E. SUNRISE BLVD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VST
NAME	GILBERT, GLEN R.
STREET ADDRESS	1750 E. SUNRISE BLVD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	PERTNOY, EARL
STREET ADDRESS	1750 E SUNRISE BLVD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GLEN R. GILBERT
Senior Vice President

4/24/95 (305) 60-5200
(Typed Name)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR