SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

INVESTORS REAL ESTATE SOUTHWEST CORPORATION

## **FILED** Sep 23 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			
293 AIRPORT RD NAPLES FL 34104 US		P.O. BOX 1257 Naples FL 33942-3518			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/17/1986	
<u> </u>	Place of Business	2a. Mailing Address		4. FÉI Númber	Applied For
21		[26]		59-2797312	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June	
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Reg	gistered Agent
STA	rman, Sheldon W		81 Name		
4099 TAMIAMI TRAIL NORTH			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
NAP	PLES FL 34103		[, [		
			83		
!			84 City		85 Zip Code
<u></u>	<del></del>	an jan ajjejaja <u>e</u>	ll	.,	
agent, f	it to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was dicins of, section 607,0505, Fi	os, the above-named corpora authorized by the corpora orida Statutes.	poration submits this statement for the purp ation's board of directors. I hereby accept t	ose of changing its registered he appointment as registered
SIGNATURE.	Signature, typed or printed name of registered agent	t and title (Fapplicable (N	OTE: Registered Agent signature r	required when reinstating)	DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	and the second s
TITLE	P	X DELETE	1.1 TITLE	P	Change X Addition
NAME	SENKEVICH, WILLIAM J.		1.2 NAME	Dyment, Lynda	
STREET ADDRESS	293 AIRPORT ROAD		1.3 STREET ADDRESS	293 Airport Road Naples, FL 34104	
CITY-ST-ZIP	NAPLES FL	··	1.4 CITY-ST-ZIP	Naples, FL 34104	
TITLE	DS	DELETE	2.1 TITLE		Change [ , Addition ]
NAME	VAN DER LELY, RONALD		2.2 NAME		
STREET ADDRESS	BUTZENWEG 20 CH-3600		2.3 STREET ADDRESS		
CITY-ST-ZIP	ZUG, SWITZERLAND		2.4 CITY-S1-ZIP		
TITLE		[ _ ] DELETE	3 1 TITLE		Change Addition
NAVE			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		r-1	3.4 CITY-ST-7IP		
TITLE		[_] DELETE	4.1 TITLE		L Change L Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 C/TY-ST-ZIP		
TITLE	}	[] DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1				
7.71 5	<u> </u>	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP	.,,	······································
TITLE NAME		[_] DELETE			Change Addition

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.

6 3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

941-643-2424