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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000002696 (2)

1. Corporation Name
HISPANIC INTERNAL REVENUE EMPLOYEES (HIRE), JACKSONVILLE DISTRICT, INC.



Principal Place of Business: 956 LEBRUN DR JACKSONVILLE FL 32205 US
Mailing Address: P.O. BOX 4185 JACKSONVILLE FL 32201 US

3. Date Incorporated or Qualified: 05/26/1994
4. FEI Number: 59-3228019
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for Suite, Apt. #, etc. and City & State.

9. Name and Address of Current Registered Agent
ERIKA ANGULO-VAZQUEZ
7537 PHEASANT RUN DRIVE
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent
81 Name: Vernon Armstrong
82 Street Address (P.O. Box Number is Not Acceptable): 956 Le Brun Drive
83
84 City: Jacksonville FL 85 Zip Code: 32205

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of public utility 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 617.0503, Florida Statutes.
SIGNATURE: *Vernon Armstrong* (NOTE: Registered Agent signature required when reinstating) DATE: 1-29-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANGULO-VAZQUEZ, ERIKA	
STREET ADDRESS	7537 PHEASANT RUN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, VERNON	
STREET ADDRESS	956 LEBRUN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALAMO-TIRADO, IVETTE	
STREET ADDRESS	3737 ST. JOHNSA BLUFF APT#109	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARRERO, GLADY	
STREET ADDRESS	8880 OLD KINGS RD S APT 106 W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vernon Armstrong Armstrong, Vernon	
1.3 STREET ADDRESS	956 Le Brun Drive	
1.4 CITY-ST-ZIP	Jacksonville, FL. 32205	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marrero, Gladys	
2.3 STREET ADDRESS	1304 Independence Drive	
2.4 CITY-ST-ZIP	Orange Park, FL. 32065	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alamo-Tirado, Ivette	address
3.3 STREET ADDRESS	9684 Fritmore Rd E	
3.4 CITY-ST-ZIP	Jacksonville, FL. 32257	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jones, Sonja	
4.3 STREET ADDRESS	5231 Oxford Gable Lane West	
4.4 CITY-ST-ZIP	Jacksonville, FL 32257	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vernon Armstrong* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1-29-98 DAYTIME PHONE # 0004149

CR2E037 (10/97)