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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002696

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/26/1994	4. FEI Number 59-3228019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent ARMSTRONG, VERNON 956 LEBRUN DRIVE JACKSONVILLE FL 32205	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ARMSTRONG, VERNON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	956 LEBRUN DRIVE	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32205	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MARRERO, GLADYS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1304 INDEPENDENCE DRIVE	2.2 NAME	
STREET ADDRESS	ORANGE PARK FL 32065	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T ALAMO-TIRADO, IVETTE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9684 PRITMORE RD E	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32257	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S JONES, SONJA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5231 OXFORD GABEL LANE WEST	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32257	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Vernon Armstrong SIGNATURE REQUIRED 3-5-99 904-232-3649 904-781-8952

CR25037 (1/98)