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

**PROFIT** 

SIGNATURE:

Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)INVESTOR'S RESEARCH CORP. Principal Place of Business Mailing Address 18523 SEA OAKS LANE 18523 SEA OAKS LANE **TEOUESTA FL 33469 STE 108** DO NOT WRITE IN THIS SPACE TEQUESTA FL 33469 3. Date Incorporated or Qualified 02/28/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-2343853 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zιρ Zin Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name STARKEY, H. CHRISTOPHER 18523 SEA OAKS LANE Street Address (P.O. Box Number is Not Acceptable) 83 **TEQUESTA FL 33469** 85 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETT Change Addition TITLE 1.1 TITLE NAME STARKEY, H. CHRISTOPHER 1.2 NAME STREET ADDRESS 18523 SEA OAKS LANE 1.3 STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 1.4 CITY-\$1-7IP DELFTE Change Addition 21 TITLE TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 ref eiver or trusted enhanced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or only in glackprofil with an address.

**FILED**