

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P36214**

**(5)**

1. Corporation Name

**IRECO OF FLORIDA, INC.**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 2: 59**

Principal Place of Business

**8910 MIRAMAR PARKWAY, SUITE 207  
MIRAMAR FL 33025**

Mailing Address

**8910 MIRAMAR PARKWAY, SUITE 207  
MIRAMAR FL 33025**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/31/1991**

3a. Date of Last Report

**02/28/1994**

4. FEI Number

**87-0489665**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23**

City & State

**27**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                        |
|----------------|----------------------------------------|
| TITLE          | <b>DP</b>                              |
| NAME           | <b>THOMAS, PHILIP M.</b>               |
| STREET ADDRESS | <b>8910 MIRAMAR PARKWAY 207</b>        |
| CITY- ST- ZIP  | <b>MIRAMAR FL</b>                      |
| TITLE          | <b>D</b>                               |
| NAME           | <b>TROUGHTON, TIMOTHY A.</b>           |
| STREET ADDRESS | <b>400 PERIMETER CENTER TR.</b>        |
| CITY- ST- ZIP  | <b>ATLANTA GA</b>                      |
| TITLE          | <b>DVP</b>                             |
| NAME           | <b>FEARNOW, PHILIP W.</b>              |
| STREET ADDRESS | <b>400 PERIMETER CENTER TR.</b>        |
| CITY- ST- ZIP  | <b>ATLANTA GA</b>                      |
| TITLE          | <b>S</b>                               |
| NAME           | <b>SIDMAN, KARL M.</b>                 |
| STREET ADDRESS | <b>8910 MIRAMAR PARKWAY, SUITE 207</b> |
| CITY- ST- ZIP  | <b>MIRAMAR FL</b>                      |
| TITLE          |                                        |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY- ST- ZIP  |                                        |
| TITLE          |                                        |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY- ST- ZIP  |                                        |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KARL M. SIDMAN**

**3/30/95 305-4377255**