

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

FILED

**Mar 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36214 (5)

1. Corporation Name
IRECO OF FLORIDA, INC.



Principal Place of Business 8910 MIRAMAR PARKWAY, SUITE 207 MIRAMAR FL 33025	Mailing Address 8910 MIRAMAR PARKWAY, SUITE 207 MIRAMAR FL 33025-4182
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/31/1991	3a. Date of Last Report 03/25/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 87-0489665	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip Country	29. Zip Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DIRECTOR/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMAS, PHILIP M.		1.2 NAME GEORGE A. HAWS	
STREET ADDRESS 8910 MIRAMAR PARKWAY 207		1.3 STREET ADDRESS 8910 MIRAMAR PARKWAY, STE 207	
CITY-ST-ZIP MIRAMAR FL		1.4 CITY-ST-ZIP MIRAMAR, FL 33025	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TROUGHTON, TIMOTHY A.		2.2 NAME	
STREET ADDRESS 400 PERIMETER CENTER TR.		2.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OGAN, DAVID		3.2 NAME TRANNY MITCHELL	
STREET ADDRESS 400 PERIMETER CENTER TR		3.3 STREET ADDRESS 11TH FLOOR CROSSROADS TOWER	
CITY-ST-ZIP ATLANTA GA		3.4 CITY-ST-ZIP SALT LAKE CITY, UT 84144	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIDMAN, KARL M.		4.2 NAME	
STREET ADDRESS 8910 MIRAMAR PARKWAY, SUITE 207		4.3 STREET ADDRESS	
CITY-ST-ZIP MIRAMAR FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME RICHARD SHGA	
STREET ADDRESS		5.3 STREET ADDRESS 11TH FLOOR CROSSROADS TOWER	
CITY-ST-ZIP		5.4 CITY-ST-ZIP SALT LAKE CITY, UT 84144	
TITLE	<input type="checkbox"/> DELETE	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 do 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.

SIGNATURE: *Karl M. Sidman* 2/5/97 954-437-7251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)