

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

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

3. Date Incorporated or Qualified 10/31/1991
3a. Date of Last Report 03/25/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		11 TITLE	DIRECTOR/PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THOMAS, PHILIP M.			12 NAME	GEORGE A. HAWS		
STREET ADDRESS	8910 MIRAMAR PARKWAY 207			13 STREET ADDRESS	8910 MIRAMAR PARKWAY, STE 207		
CITY-ST-ZIP	MIRAMAR FL			14 CITY-ST-ZIP	MIRAMAR, FL 33025		
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TROUGHTON, TIMOTHY A.			22 NAME			
STREET ADDRESS	400 PERIMETER CENTER TR.			23 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			24 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		31 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OGAN, DAVID			32 NAME	TRANNY MITCHELL		
STREET ADDRESS	400 PERIMETER CENTER TR			33 STREET ADDRESS	11TH FLOOR CROSSROADS TOWER		
CITY-ST-ZIP	ATLANTA GA			34 CITY-ST-ZIP	SALT LAKE CITY, UT 84144		
TITLE	S	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIDMAN, KARL M.			42 NAME			
STREET ADDRESS	8910 MIRAMAR PARKWAY, SUITE 207			43 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				52 NAME	RICHARD SHGA		
STREET ADDRESS				53 STREET ADDRESS	11TH FLOOR CROSSROADS TOWER		
CITY-ST-ZIP				54 CITY-ST-ZIP	SALT LAKE CITY, UT 84144		
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97

Date

Daytime Phone #

954-437-7251

CR2E034 (9/96)