

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000000106 (3)**

1. Corporation Name
IRA-FRAN CORPORATION



Principal Place of Business: **10305 EAST HIGHWAY 40 SILVER SPRINGS FL 34488**
Mailing Address: **10305 EAST HIGHWAY 40 SILVER SPRINGS FL 34488**

3. Date Incorporated or Qualified: **12/31/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3156795**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLANAGAN GREGORY S.
1 NE 1ST AVE
STE 303
OCALA FL 34470**

81 Name: **GREGORY S. FLANAGAN**
82 Street Address (P.O. Box Number is Not Acceptable): **230 NE 25TH AVE.**
83 **SUITE 200**
84 City: **OCALA** FL 85 Zip Code: **34470**

11. Pursuant to the provisions of Sections 607.0802 and 607.1504, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0802, Florida Statutes.

SIGNATURE: *Gregory S. Flanagan*

5-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, IRA	
STREET ADDRESS	RD 2, BOX 39	
CITY-ST-ZIP	TARENTUM PA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GAY, FRANCIS	
STREET ADDRESS	10305 EAST HWY 40	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GAY, CATHERINE	
STREET ADDRESS	10305 EAST HWY 40	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	WOOD, IRA	
3. STREET ADDRESS	RD2, Box 39	
4. CITY-ST-ZIP	TARENTUM, PA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	GAY, FRANCIS	
3. STREET ADDRESS	10305 EAST HWY 40	
4. CITY-ST-ZIP	SILVER SPRINGS, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	GAY, CATHERINE	
3. STREET ADDRESS	10305 EAST HWY 40	
4. CITY-ST-ZIP	SILVER SPRINGS, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
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 or person 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: *Catherine D. Gay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96 352-625-5077

CR2E034 (12/95)