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**Mar 06 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 # P93000000106 (3)

1. Corporation Name
IRA-FRAN CORPORATION



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

3. Date Incorporated or Qualified **12/31/1992** 3a. Date of Last Report **05/28/1996**
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 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

9. Name and Address of Current Registered Agent
**FLANAGAN GREGORY S.
230 NE 35TH AVENUE
SUITE 200
OCALA FL 34470**

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1. TITLE DELETE
NAME **VPD WOOD, IRA**
STREET ADDRESS **RD 2, BOX 39 TARENTUM PA**
CITY-ST-ZIP
2. TITLE DELETE
NAME **STD GAY, FRANCIS**
STREET ADDRESS **10305 EAST HWY 40 SILVER SPRINGS FL**
CITY-ST-ZIP
3. TITLE DELETE
NAME **PD GAY, CATHERINE**
STREET ADDRESS **10305 EAST HWY 40 SILVER SPRINGS FL**
CITY-ST-ZIP
4. TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 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: *Catherine D. Gay* **Catherine D. GAY** 3-3-97 352-625-1122
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)