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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001713 (5)

INVESTOR'S RESOURCE, INC.

FILED
Jan 20 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address						- 4 LEANERANT LIN INION SILEL ANDSTRANDILL NEUTLE DESTR MAINT SINII CAN	al finan lift (\$Bt	
SUITE 123	PRATE BLVD., N.W.	SUITE 123						
BOCA RATON FL 33431			BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE		
U\$ 		US		_		3. Date Incorporated or Qualified 01/06/1993		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26			65-0398955	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				LE L'ortificate of Statue Degrad 1974	75 Additional e Required	
City & Stat	de .	City & State	<u> </u>				00 May Be ded to Fees	
Zip	Country	Zip	Coi	ıntry		8. This corporation owes or has paid the current year	r Intangible	
24	25 29 30			Personal Property Tax due June 30. Yes No				
	Name and Address of	Current Registered Agent				10. Name and Address of New Registered Agent		
DU	JBIN, ARTHUR			81	Name			
2300 CORPORATE BLVD., N.W.				82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)	·	
SUITE 123				**	onest Addi	iddless (i , o. box rumber is not Acceptable)		
BOCA RATON FL 33431				83				
				-	0111		7-0-4-	
				84	City	FL ⁸⁵ ⁷	Zip Code	
office or r	edistered agent, or both, in the	07.0502 and 607.1508, Florida St e State of Florida. Such change w e obligations of, Section 607.0505	as authorize	d by	the corporati	oration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment	ng its registered I as registered	
SIGNATURE								
			<u> </u>	legistered Agent signature required			TÓDO IN 15	
12.	PC OFFICE	DELETE	13.	7) -		ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
	, -	□ petere	4 "		ĺ	L_i C(lai)	ge L Adultion	
Name	DUBIN, ARTHUR	T DIVID ALIA		IAME				
STREET ADDRESS			1,3 ST	1,3 STREET ADDRESS				
CITY-ST-ZIP				TY-ST	- ZIP			
TITLE	Ð	DELETE	2.1 70	ΠLE		☐ Chan	ge 🗌 Addition	
NAME	I JUIS GALINDO D		22 NA	MF				

2300 CORPORATE BLVD W STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2, 4 CITY - ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3,2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME

(4. I 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if chapter for one of the process.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/98

(561) 995-2300