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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300001713

1. Corporation Name

INVESTOR'S RESOURCE, INC.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90152 049 ***158.75



Principal Plac	e of Business	Mailing Address				{		III BELLI DENI	1914: JIBIT 1990I	11000 1111 1001
2300 CORPORATE BLVD., N.W.		2300 CORPORATE BLVD., N.W.								
SUITE 123		SUITE 123								
BOCA RATON FL 33431		BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE					
∫us		US				3. Date Incorporate	d or Qualifed			
						01/06/1993				
2. Principal P	lace of Business	2a. Mailing Address		م برساعت	م الشاء المساملة الماملة	4. FEI Number				plied For
21		26				65-0398955				t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Stat	us Desired	\bowtie	\$8.75		
22		27						Fee Re	`	
City & State		City & State			6. Election Campaig			\$5.00		
23		28			Trust Fund Contribution Added to Fees					
Zip Country			Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24	25	29	30			Personal Propert	<u> </u>	Panistarad		
<u> </u>	9. Name and Address of Currer	nt registered Agent		81	Name	IV. Hame and Addr	USS OF NEW I	-cyloteren		
DITE	BIN, ARTHUR			["]						
2300 CORPORATE BLVD., N.W.				82	Street Add	ress (P.O. Box Number is Not Acceptable)				Į
	TE 123			83						
	CA RATON FL 33431.			63						
	A (MICH LE CO-TAIL			84	City				85 Zip (Code
								FL	• <u> </u>	ragiotarad
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida 8 of Florida. Such change v	statutes, the was authoriz	e above- ized by th	-namea corp he corporati	on's board of directors. I	hereby acce	purpose or pt the appoi	intment as re	gistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.050	5, Florida S	Statutés.	•					
SIGNATURE		·				·		DATE	·	
	Signature, typed or printed name of registered age		·		signature require	ed when reinstating)	UCES TO OF	DATE .	ID DIRECTO	DPS IN 12
12	OFFICERS AN	ND DIRECTORS	1	13.	signature require	ed when reinstating) ADDITIONS/CHAI	NGES TO OF			DRS IN 12
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14. 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 suppliemental 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 12 or Block 13 if changed, or on an attagment with exaddress, with all other like empowered.

SIGNATURE: