

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P9300087287**

1. Corporation Name

**INVESTMENT REALTY SERVICE LIQUIDATORS, INC.**

Principal Place of Business      Mailing Address  
**441 South Federal Highway      441 South Federal Highway**  
**Deerfield Beach, FL 33441      Deerfield Beach, FL 33441**

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Zip      Country      Country  
24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/22/93**  
4. FEI Number      Applied For  
**65-0455219**      Not Applicable  
5. Certificate of Status Desired      ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing      ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution  
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

**SUHANDRON, KENNETH**  
**441 South Federal Highway**  
**Deerfield Beach, FL 33441**

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 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

Date:

12. OFFICERS AND DIRECTORS

TITLE      P      ☐ DELETE  
NAME      **SEBESTYEN, PETER**  
STREET ADDRESS      **1300 S Ocean Blvd. #PH5**  
CITY-ST-ZIP      **Pompano Beach, FL 33062**  
TITLE      D      ☐ DELETE  
NAME      **Suhandron, Kenneth**  
STREET ADDRESS      **441 South Federal Highway**  
CITY-ST-ZIP      **Deerfield Beach, FL 33441**  
TITLE      ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE      ☐ Change      ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP      ☐ Change      ☐ Addition  
2.1 TITLE      ☐ Change      ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP      ☐ Change      ☐ Addition  
3.1 TITLE      ☐ Change      ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP      ☐ Change      ☐ Addition  
4.1 TITLE      ☐ Change      ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP      ☐ Change      ☐ Addition  
5.1 TITLE      ☐ Change      ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP      ☐ Change      ☐ Addition  
6.1 TITLE      ☐ Change      ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**000001765600**  
**-04/02/96--01009--013**  
**\*\*\*200.00**

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)(g), 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

**3/26/96**      **954 4289001**  
Date      Daytime Phone #

CR2E034 (12/95)