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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088631

1. Corporation Name

	IR NEWCO, INC.									
Principal Place of Bu	siness	Mailing Address					I IIIII uu iii uu iii			
700-900 EAST SUNRIS		700-900 EAST SUNRISE BLVD	L		-					
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304						DO NOT WRITE IN THIS SPACE				
					_			IN THIS	SPACE	
					3	. Date Incorporated of 12/29/1993	r Quanted			
2. Principal Place of	Business	2a. Mailing Address			4	, FEI Number			Ar	plied For
21		26				65-0457561			No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				. Certificate of Status	Desired	001	\$8.75	
22		27) 5	. Certificate of Status	Desired)COI	Fee Re	equired
City & State		City & State			۔ 6	, Election Campaign	Financing		-\$5.00	
23		28				Trust Fund Contribu	ition		Added	o Fees
Zip	Country	Zip	_ Country		8	, This corporation ow		nt year Inta		
24	25	29 30)			Personal Property 1			Yes	□No
9, 1	Name and Address of Current	Registered Agent			10	Name and Addres	s of New Re	gistered /	Agent	
VINO W	CLAV		81	Name						
KING, W. CLAY			82	Street	Address (P.O. Box Number is I	iot Acceptab	le)		
700-900 EAST SUNRISE BLVD.			<u> </u>							
FURI LAU	IDERDALE FL 33304		83]						
			84	City					85 Zip	Code
								<u> </u>	<u>i</u>	
11. Pursuant to the poffice or register agent. I am famil	provisions of Sections 607.0502 ed agent, or both, in the State of liar with, and accept the obligation	and 607.1508, Florida Statutes, Florida. Such change was auth	the above orized by	e-named the corp	corporation oration's b	on submits this statem loard of directors. I he	ent for the pareby accept	the appoir	itment as re	gistered
SIGNATURE			a Statutes							
Signature	re, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	a Statutes			reinstating)	ES TO OFFI	DATÉ		
Signature 12.	re, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	a Statutes				ES TO OFFI	DATÉ		
12. TITLE PD	OFFICERS AND	and title if applicable. (NOTE: Re	gistered Ager 13. 1.1 TITLE			reinstating)	ES TO OFFI	DATÉ	D DIRECTO	DRS IN 12
12. TITLE PD NAME KING	OFFICERS AND	and title if applicable. (NOTE: Re	ngistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature i		reinstating)	ES TO OFFI	DATÉ	D DIRECTO	DRS IN 12
12. TITLE PD KING NAME KING STREET ADDRESS 700-	OFFICERS AND 3, LOUIS 900 EAST SUNRISE BLVD.	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature i		reinstating)	ES TO OFFI	DATÉ	D DIRECTO	DRS IN 12
12. TITLE PD KING STREET ADDRESS CITY-ST-ZIP FOR	OFFICERS AND	and title if applicable. (NOTE: Re DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	rt signature i	required when	reinstating) ADDITIONS/CHANG	,	DATE CERS AN	D DIRECTO	DRS IN 12
Signatur 12. TITLE PD NAME KING STREET ADDRESS CITY-ST-ZIP FOR TITLE VD	OFFICERS AND 3, LOUIS 900 EAST SUNRISE BLVD. 17 LAUDERDALE FL 33304	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	rt signature i	required when	reinstating) ADDITIONS/CHANG	,	DATE CERS AN	D DIRECTO	DRS IN 12 Addition
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CITY-ST-ZIP 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 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

GALE, JEFFREY M.

700-900 E. SUNRISE BLVD.

FT. LAUDERDALE FL 33304

☐ DELETE

7-527-3713

Change

☐ Addition