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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

MALLE

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

CR2E034

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400008828 (3)

INTERNATIONAL REALTY OF SOUTH FLORIDA, INC.

P.O. BOX 1390 1251 TAYLOR LANE EAST LEHIGH FL 33970-1390 SUITE 6F LEHIGH FL 33936 HS 3a. Date of Last Report 3. Date Incorporated or Qualified 02/03/1994 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0467881 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name SINKOVITS, ANGELA 757 BENTLY ST 82 Street Address (P.O. Box Number is Not Acceptable) **LEHIGH ACRES FL 33936** 83 84 City 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPV DELETE 1.1 TITLE Change Addition TIFLE SINKOVITS, ANGELA M 1.2 NAME NAME 757 BENTLY ST STREET ADDRESS 1.3 STREET ADDRESS LEHIGH ACRES FL 33936 1.4 CITY-ST-ZIP CITY - ST- ZIF DELETE 2.1 TITLE Change Addition 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-SI-7P DELETE Addition 1:TLF 3.1 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY+S1-ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME HAME STHEET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP City-ST-7P DELETE ___ Change Addition 6.1 TITLE TOTAL

> 6.2 NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.4 CITY-ST-ZIP

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 eath; 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 12 is Florida Statutes; and that my name

Sinkovits