

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

FILED

Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000026612 (9)**

1. Corporation Name
IRMA G., INC.

Principal Place of Business
**5212 OCEAN BLVD.
SARASOTA FL 34242-3311**

Mailing Address
**5212 OCEAN BLVD.
SARASOTA FL 34242-3311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/07/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0480542	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARDI, LES
7081 TAMiami TRAIL
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name **Guy Courbois**
82 Street Address (P.O. Box Number Not Acceptable)
AMERICAN RITA
83 **5212 OCEAN BLVD**
84 City **SARASOTA** FL 85 Zip Code **34242**

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 **Guy F. Courbois** *Guy F. Courbois* DATE **3/1/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRES.
NAME	COURBOIS, JACQUELINE	1.2 NAME	Guy F. Courbois
STREET ADDRESS	5212 OCEAN BLVD	1.3 STREET ADDRESS	5212 OCEAN BLVD
CITY-ST-ZIP	SARASOTA FL 34242-3311	1.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director
NAME		2.2 NAME	JACQUELINE Courbois
STREET ADDRESS		2.3 STREET ADDRESS	5212 OCEAN BLVD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: **xGuy F. Courbois** *Guy F. Courbois* **2/28/98**

CR2E034 (10/97)