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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DOCUMENT #** 

DIVISION OF CORPORATIONS 98 MAY 19 PM 3: 11

FILED

IRELAND ORLANDO, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address				ı idalilêdi ild yalılı dıbir bakıt balılı abını bililê ilakı birbi birli 8814 1001
12000 BISCAY	YNE <b>B</b> LVD.	12000 BISCAYNE BLVD.		
PH#810   MIAMI FL 33181-2742		PH#810 MIAMI FL 33181-2742		DO NOT WRITE IN THIS SPACE
MIRMI PL 331	01-2142	MIMMI FL 33101-2742		3. Date Incorporated or Qualified
				07/13/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0507931 Not Applicable
Suite, Apt.	#, <b>e1</b> c.	Suite, Apt. #, etc. ~~g		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Required
23		h · 1		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28   Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes XNo
	9. Name and Address of Currer	. 15.51	1==1	10. Name and Address of New Registered Agent
IRE	LAND, SCOTT R		81 Nan	ame
	000 BISCAYNE BLVD.		<b>82</b> Stre	reet Address (P.O. Box Number is Not Acceptable)
STE. 810				,
MIA	AMI FL 33181-2742		83	
			84 City	ty FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Statu	tes, the above name	med corneration submits this statement for the nursess of changing its registered
office or r agent. La	ro <b>gister</b> ed agent, or both air the State am <b>fam</b> iliar with, and accept the oblig	of Honda, Such change was ations of, Section 607 0505, F	authorized by the c lorida Statutes.	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				1
	Signature typed or punited name of registerest age		<u>.</u>	pature required when reinstating) DA1E
12. TITLE	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	IRELAND, R. SCOTT		1.2 NAME	0000025488008
STREET ADDRESS 12000 BISCAYNE BLVD., PH#810		1810	1.3 STHEET ADDRES	1005301086/20/30-
CITY-ST-ZIP	MIAMI FL 33181-2742	010	1.4 City-St-ZiP	MARTIN ON MARKET OF TO
TITLE	VP	DELETE	21 TITLE	Change Addition
NAME	IRELAND, LOU		2.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD.		2.3 STREET ADDRES	rtess
CITY-ST-ZIP	MIAMI FL 33181-2742		2. 4 CITY - ST - 7IP	,
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	
CHTY-ST-ZIP		Thurte	3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRES	1
TITLE	<del></del>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	C Statings C Hounter
STREET ADDRESS			5.3 STREET ADDRES	HESS
City-St-ZIP			54 CHY-ST-ZIP	i
TITLE		DETETE	6.1 THE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	ESS 200
CITY-ST-ZIP			6.4 CITY - ST - ZIP	(//)

14. Thereby 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter or or an attachment with an address: