

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90013 009 \*\*\*158.75

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1. Corporation Name  
INTERNATIONAL REAL ESTATE COMPANY

Principal Place of Business

14165 SW 87TH ST., D303  
MIAMI FL 33183

Mailing Address

P.O. BOX 901745  
HOMESTEAD FL 33090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1995

4. FEI Number

65-0595688

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1969 State Rd. 26 West

2a. Mailing Address

26 P.O. Box 728

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Trenton, FL

City & State

28 Trenton, FL

Zip

Country

24 32693 25 USA

Zip

Country

29 32693-0228 30 USA

9. Name and Address of Current Registered Agent

TURNER, WILLIAM H  
14165 SW 87TH STREET  
D303  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

TURNER, WILLIAM H.

82 Street Address (P.O. Box Number is Not Acceptable)

1969 STATE RD. 26 West

83

84 City

TRENTON

FL

85 Zip Code

32693

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 William H. Turner  
Signature, typed or printed name of registered agent and title if applicable

William H. Turner  
(NOTE: Registered Agent signature required when reinstating)

4/20/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE  
NAME TURNER, WILLIAM H  
STREET ADDRESS 14165 SW 87TH ST., D303  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 PSTD ☒ Change ☐ Addition  
1.2 NAME TURNER, WILLIAM H  
1.3 STREET ADDRESS 1969 STATE Rd. 26 West  
1.4 CITY-ST-ZIP TRENTON, FL 32693

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: William H. Turner RE WILLIAM H. TURNER 4/20/99 (352) 463-6739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0176811