05-07-1999 90144 004 \*\*\*150.00

## 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

## DOCUMENT # DOSOOOOOOO

<ol> <li>Corporation</li> </ol>	IER AMERICA, INC.	<b>,</b>			
Principal Place	of Business	Mailing Address			2010 10101 10110 Elite elite elite
1470 SPANISH	TRL	4470 SPANISH TRL			
<b>#</b> 129		#129		DO NOT MIDITE IN	THE CDACE
PENSACOLA FL	32504	PENSACOLA FL 32504		DO NOT WRITE IN	- THIS SPACE
JS	•	US		3. Date Incorporated or Qualifed 10/27/1995	
	lace of Business 73 LANGLEY PLACE LO	2a. Mailing Address 26 6373 LAU	LEY PLACE K	20 4. FEI Number 59-3347613	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country 30 ESCAMBIA	9 This corneration owes the current ve	ar Intangible □ Yes □ No
4 3250	9. Name and Address of Current	<del></del>	50	10. Name and Address of New Regist	
MCATEE, JAMES R 4470 SPANISH TRL #126			81 Name 82 Street Ad	ANES R. MCATE	5
	SACOLA FL 32504		83	373 LADGLEY 1	TICE N
				EN SACOLA	FL 85 Zip Code 32504
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute Florida. Such thange was au its of, Section 607.0505, Flori	s, the above-named of thorized by the corpora da Statutes.	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, pred or printed name of registered agent a	, ·	Registered Agent signature req	uired when reinstating) DA	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	☐ DELETE	1,1 TITLE		Change Addition
NAME	MCATEE, JAMES R		1.2 NAME	LANGERY D	10000
STREET ADDRESS	4470 SPANISH TRL #129		1.3 STREET ADDRESS	BB73 LANGLEY PL PENSACOLA, FL	ACCUL.
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL	32504
TITLE		□ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4,4 CITY-ST-ZIP		Change D Adres-
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		DObanes DAMES
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 a attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP