03-06-1999 90018 049 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

	MENT# P96000	U62338			
1. Corporation	n Name				
IRAVIS	MCGEE PROPERTIES, INC.				
Principal Place	e of Business	Mailing Address		,	
6631 NE 21ST		P.O. BOX 23400			
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33307			DO NOT WRITE IN THIS	COMCE	
US		US		3. Date Incorporated or Qualifed	3 SPACE
				07/23/1996	
O Chinainal C	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
·	lace of Business	26		59-3388783	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	17, 516.	27		5. Certifcate of Status Desired	· Fee Required
City & Stat	е :	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 owes the current year In	ntangible
24	25	29 3	0	Personal Property Tax.	∐Yes ∐No
	9. Name and Address of Current			10. Name and Address of New Registered	l Agent
			81 Name	Main Dalala	
	SLE, MARC D		82 Street Add	ress (P.O. Box Number is Not Acceptable)	<u> </u>
838 ALTON AVE			Sileer Add	IT S IN F 2	4ce
ORLANDO FL 32804			83		
					Teel 70 Code
			84 City	Flandada O. Fl	85 Zip Code
11 Pursuant	to the provisions of Section 607 0502	2 and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpose o	f changing its registered
office or r	egisteled agent, or both, in the State of	of Florida. Such change was aut	horized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	pintment as registered
agent. I a	im familiar with, and accept the obligat	Nons of, Section 607.0505, Floric	ia Statutes.	→)	. 139
SIGNATURE	Signature, typed a posted frame of registered agen	t armatile papparation (NOTE. F	Registered Agent signature require	ed when reinstating) DATE	> 7
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	DELISLE, MARC D		1.2 NAME		
STREET ADDRESS	6631 NE 21ST AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELISLE, PAUL R		2.2 NAME	•	
STREET ADDRESS	ATES ME SETH OTDERT		2.3 STREET ADDRESS	- · · · · · ·	
	FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	TT. ENOBERDALE TE GOOD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
			3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
İ			4.2 NAME		
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ oereie	5.1 TITLE 5.2 NAME	•	Chevreude Characteria
NAME			5.3 STREET ADDRESS	,	
STREET ADDRESS					
STREET, RESTREES					i
CITY-ST-ZIP			5.4 CITY-ST-ZIP		□Change □ Addition
		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	<u></u>	☐ Change ☐ Addition

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 comporation 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.

R DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP