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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073077 (5)

1. Corporation Name

INTERNATIONAL FUNDING RESOURCES, INC.



Principal Place of Business

14706 PAR CLUB CIRCLE
TAMPA FL 33624

Mailing Address

14706 PAR CLUB CIRCLE
TAMPA FL 33624-2730

2. Principal Place of Business

21 13902 N. Dale Mabry
Suite, Apt. #, etc.
212

22 TAMPA, FL

23 TAMPA, FL

24 33618

25 USA

2a. Mailing Address

26 13902 N. DALE MABRY
Suite, Apt. #, etc.
212

27 TAMPA, FL

28 TAMPA, FL

29 33618

30 USA

3. Date Incorporated or Qualified

09/04/1996

3a. Date of Last Report

4. FEI Number

59-3397516

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

LINS, D M
14502 N DALE MABRY STE 314
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SOBEL, HERBERT C
STREET ADDRESS 14706 PAR CLUB CIRCLE
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 V/S ☐ Change ☒ Addition
1.2 NAME ADAM KLOTCH
1.3 STREET ADDRESS 14812 PAR CLUB CIRCLE
1.4 CITY-ST-ZIP TAMPA FL 33624

2.1 TITLE V/S ☐ Change ☒ Addition
2.2 NAME JOSEPH P FARRELL
2.3 STREET ADDRESS 1940 Pepperell Dr.
2.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

(813)908-0411

Daytime Phone #

CR2E034 (9/96)