

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000073077 (5)**

1. Corporation Name

**INTERNATIONAL FUNDING RESOURCES, INC.**

Principal Place of Business

Mailing Address

**13902 N. DALE MABRY  
212  
TAMPA FL 33618  
US**

**13902 N. DALE MABRY  
212  
TAMPA FL 33618  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/04/1996**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 **14706 PAR CLUB CIRCLE**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **P O BOX 274081**  
Suite, Apt. #, etc.

22 City & State  
23 **TAMPA FL**

27 City & State  
28 **TAMPA FL**

24 Zip Country  
**33624 USA**

29 Zip Country  
**33688-4081 US**

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
<b>FL</b>	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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SOBEL, HERBERT C</b>	
STREET ADDRESS	<b>14706 PAR CLUB CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>KLOTCH, ADAM</b>	
STREET ADDRESS	<b>14812 PAR CLUB CIR.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>FARRELL, JOSEPH P</b>	
STREET ADDRESS	<b>1940 PEPPELL DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Joseph P Farrell**

**4/24/98**

CP2E034 (10/97)