

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

FILED  
May 04 1998 8:00am  
Secretary of State

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

DOCUMENT # P96000089801 (0)

1. Corporation Name

INTERIM REAL ESTATE SOLUTIONS INC.

Principal Place of Business  
2050 SPECTRUM BLVD.  
FORT LAUDERDALE FL 33309

Mailing Address  
2050 SPECTRUM BLVD.  
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

65-0716330

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SMITH, JOHN B  
2050 SPECTRUM BLVD.  
FORT LAUDERDALE FL 33309

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	T	<input checked="" type="checkbox"/> DELETE
NAME	SORENSEN, ALLAN C	
STREET ADDRESS	2050 SPECTRUM BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	PCED	<input type="checkbox"/> DELETE
NAME	MARCY, RAYMOND	
STREET ADDRESS	2050 SPECTRUM BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN B	
STREET ADDRESS	2050 SPECTRUM BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	KRAUSE, ROY G	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	HAGGARD, PAUL	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	A'S	<input type="checkbox"/> DELETE
NAME	OSUNA, JAVIER	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark Smith	
1.3 STREET ADDRESS	2050 Spectrum Blvd.	
1.4 CITY-ST-ZIP	FT. Lauderdale, FL 33309	

2.1 TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VP/CO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shannon C. Allen	
5.3 STREET ADDRESS	2050 Spectrum Blvd.	
5.4 CITY-ST-ZIP	FT. Lauderdale, FL 33309	

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

Mark Smith  
4/22/98

CR2E034 (10/97)