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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000104378 (0)

IANAR, INC.

Principal Place of Business

Mailing Address

FILED May 12 1997 8:00am Secretary of State



3545-1 ST. JOHN'S BLUFF ROAD SUITE 317 JACKSONVILLE FL 32224		SUITE 317	3545-1 St. John's Bluff Road Suite 317 Jacksonville Fl 32224-2615			3. Date incorporated or Qualified 12/26/1996	3a. Date		Report	
2. Principal F	Place of Business	2a, Mailing Add	lress			4. FEI Number	14//	~ / T T	Applied For	
21	Idoo or Basilloas	26	F-1-1			4. FEI Number 59 343 9007	7 Applied For Not Applieable			
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional				
22		27	27			5. Certificate of Status Desired Fee Required				
City & Star	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Added	to Feos	
Zip	├ -┐			_ Country	/	8. This corporation has fiability for i			. 199.032,	
24	25	29	30	<u> </u>			Yes X			
	9. Name and Address of Cur	rrent Registered Agent		81	Name	10. Name and Address of New Re	istered Ag	ent		
HER	RBERT, BRIAN A			61	Name					
10531 BROOMSEDGE COURT					82 Street Address (P.O. Box Number is Not Acceptable)					
JAC	KSONVILLE FL 32246		83				•			
				83						
				84	City		P-1	35 Zip	Code	
44 Dominio	to the provinces of Oreline 2027	0500 1500 51	ida Oser da -	the chi	1		FL	1	40.0001-1	
office or	registered agent, or both, in the Si	usuz and 607.1508, Flor late of Florida. Such cha	ida Statutes, nge was auth	me abov horized b	e-named corp y the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of ch t the appoin	ianging i Iment as	is registered registered	
agent. I a	am familiar with, and accept the ol	bligations of, Section 607	7.0505, Florid	a Statute	S.	, i				
SIGNATURE							DATÉ			
12.	Signature, typod or printed name of registered	AND DIRECTORS	(NOTE: Re	13.	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OF FIC		IDECTO!	DC INI 19	
TITLE	PRESIDENT		DELETE	1.1 1)TLE	I	ADDITIONS/CHANGES TO OFFICE		Change	Addition	
NAME	PRINCE A STERRE			1.2 NAME			L.	1 2 12 180		
STREET ADDRESS	DRINN A. MERBE	KI			T ADDRESS					
CITY-ST-ZIP	BRIAN A. HERBEI 10531 BROOMSEDGE JACKSDNVINE, FL	20011/		1.4 CiTY-1						
TITLE	JACKSON VINE, 4V)ELETE	21 TILE	31-11	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME -				2.2 NAM[_	
STREET ADORESS				ŀ	1 ADDRESS					
CITY-ST-ZIP	i			2. 4 CITY -		€.5	. 4.			
TITLE			PELETE	3.1 1IILE				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	1 ADDRESS					
CITY-ST-ZIP				3.4, CITY-	ST-ZIP					
TITLE			DELETE	4.1101.6				Change	Addition	
NAME				4. 2 NAME	Ì					
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP				4.4 CHY-:	S1 - 71P					
TITLE] [ELETE.	517IILE				Change	Addition	
NAME				52 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS					
CITY-ST-ZIP				5.4 (CITY-1	S1 - 7/P					
TITLE	1							1-2:		
****			JETELE	617ITLE			L] Change	Addition	
NAME		ا ل)ETE1E	61 TITLE 6.2 NAME			L.] Change	Addition	
			DETEAE	6.2 NAME	1 address		l-] Change	Addition	

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 eath; that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes, and that my name