

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000041959 (2)

1. Corporation Name  
IRS BUREAU, INC.



Principal Place of Business

1650 SOUTH DIXIE HWY  
BOCA RATON FL 33432

Mailing Address

1650 SOUTH DIXIE HWY  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business                  | 2a. Mailing Address                             |
| 21 1650 S. Dixie Highway<br>Suite, Apt. #, etc. | 26 1650 S. Dixie Highway<br>Suite, Apt. #, etc. |
| 22 3rd Floor<br>City & State                    | 27 3rd Floor<br>City & State                    |
| 23 Boca Raton, Florida<br>Zip Country           | 28 Boca Raton, Florida<br>Zip Country           |
| 24 33432 25 Palm Beach                          | 29 33432 30 Palm Beach                          |

|  |                                |                               |
|--|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br>05/12/1997  | 4. FEI Number<br>65-0756766    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |                               |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |                               |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |                               |

9. Name and Address of Current Registered Agent

GOODMAN, STEPHEN M  
1020 NW 6TH STREET  
BUILDING H&I  
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

|  |                      |
|--|----------------------|
| 81 Name<br>Denise Battista   | 85 Zip Code<br>33432 |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>1650 S. Dixie Highway |                      |
| 83 3rd Floor   |                      |
| 84 City<br>Boca Raton  |                      |

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]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-7-98

12. OFFICERS AND DIRECTORS

|   |  |
|---|--|
| TITLE<br>PD<br>NAME<br>MANGIONE, PAUL<br>STREET ADDRESS<br>1650 SOUTH DIXIE HWY<br>CITY-ST-ZIP<br>BOCA RATON FL 33432     | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>STD<br>NAME<br>HAMMETT, SHARLENE<br>STREET ADDRESS<br>1650 SOUTH DIXIE HWY<br>CITY-ST-ZIP<br>BOCA RATON FL 33432 | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |  |
|--|--|
| 1.1 TITLE<br>PDST<br>1.2 NAME<br>Denise Battista<br>1.3 STREET ADDRESS<br>1650 S. Dixie Highway, 3rd Floor<br>1.4 CITY-ST-ZIP<br>Boca Raton, Florida 33432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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]*

CR2E034 (10/97)