

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

FILED
Apr 29 1998 8:00am
A Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # p97000041959
1. Corporation Name

IRS BUREAU, INC.

Principal Place of Business 1700 S. Dixie Hwy. 5th Floor Boca Raton, Florida 33432	Mailing Address 1700 S. Dixie Hwy. 5th Floor Boca, Raton, Fl. 33432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/97	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 650756766		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Craig Hjalmarson
1700 S. Dixie Hwy.
5th Floor
Boca, Raton, Florida

81 Name	Sharlene Hammett	
82 Street Address (P.O. Box Number is Not Acceptable)	1700 S. Dixie Hwy.	
83	5th Floor	
84 City	Boca Raton	85 Zip Code 33432

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

Sharlene Hammett

4/22/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CRAIG HJALMARSON	1.2 NAME	SHARLENE HAMMETT
STREET ADDRESS	1700 S. DIXIE HWY 5th FL	1.3 STREET ADDRESS	1700 S. DIXIE HWY
CITY-ST-ZIP	BOCA RATON FLA 33432	1.4 CITY-ST-ZIP	BOCA RATON FLA 33432
TITLE	S.T.	2.1 TITLE	
NAME	SHARLENE HAMMETT	2.2 NAME	
STREET ADDRESS	1700 S. DIXIE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FLA 33432	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	200002505692
NAME		4.2 NAME	-04/29/98--01089--029
STREET ADDRESS		4.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Sharlene Hammett

4/22/98

Signature, typed or printed name of signing officer or director

Date

Designation

CR2E034 (10/97)