

FILE NOW. FILING FEE AFTER MAY 1ST IS \$330.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

DOCUMENT # P97000041959
1. Corporation Name

IRS BUREAU, INC.

| Principal Place of Business | Mailing Address |
|--|--|
| 160 SW 12th Avenue Bay #102 Deerfield Bch, FL 33442 | 160 SW 12th Avenue Bay #102 Deerfield Bch, FL 33442 |

98 NOV -4 AM 11:37
Amended Report
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------|-----------------------|------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 160 SW 12th Avenue | | 25 160 SW 12th Avenue | | 05/12/97 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 Bay #102 | | 27 Bay #102 | | 65-0756766 | |
| City & State | | City & State | | Applied For | |
| 23 Deerfield Bch, FL | | 28 Deerfield Bch, FL | | <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 33442 | 25 Broward | 29 33442 | 30 Broward | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 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 | |

Sharlene Hammett
1700 South Dixie Highway
5th Floor
Boca Raton, Florida 33432

10. Name and Address of New Registered Agent

| | |
|---|--------------------|
| 81 Name | Gary Vance |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 160 SW 12th Avenue |
| 83 | Bay #102 |
| 84 City | Deerfield Beach |
| 85 Zip Code | FL 33442 |

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 Gary Vance President, Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/19/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | ST Sharlene Hammett |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 160 SW 12th Ave., Bay #102 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Deerfield Beach, Florida 33442 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | PD Gary Vance |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 160 SW 12th Ave., Bay #102 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Deerfield Beach, Florida 33442 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 600002684576--2 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | -11/10/98--01054--028 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/98 (954) 571-1776

CR2E034 (10/97)