

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthag Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000046381 (4)**

1. Corporation Name
I.R.P., INC.



Principal Place of Business 12039 CANAL ST TAVARES FL 32778	Mailing Address 12039 CANAL ST TAVARES FL 32778
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 112 Hillside Dr Suite, Apt. #, etc. 22 Eustis FL City & State 23 32726 Zip 24 Lake	2a. Mailing Address 26 112 Hillside Dr Suite, Apt. #, etc. 27 Eustis FL City & State 28 32726 Zip 29 Lake
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3. Date Incorporated or Qualified 05/27/1997	4. FEI Number 593472087	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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 SEMENTO, LAWRENCE J 531 N BAY ST TAVARES FL 32778	10. Name and Address of New Registered Agent <table border="1"><tr><td>81 Name</td><td>82 Street Address (P.O. Box Number is Not Acceptable)</td><td>83</td><td>84 City</td><td>85 Zip Code</td></tr><tr><td></td><td></td><td></td><td>FL</td><td></td></tr></table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code				FL	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code							
			FL								

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]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CASSELL, JACK L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 NORTHSORE DR	1.2 NAME	
STREET ADDRESS	EUSTIS FL 32726	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D CAGGIANO, VICTOR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12039 CANAL ST	2.2 NAME	
STREET ADDRESS	TAVARES FL 32778	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D CAGGIANO, VERONICA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12039 CANAL ST	3.2 NAME	
STREET ADDRESS	TAVARES FL 32778	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 *[Signature]*

CR2E034 (10/97)