

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000064654 (1)**

1. Corporation Name
IRVICAL, INC.

Principal Place of Business
**250 VALENCIA AVE.
CORAL GABLES FL 33134**

Mailing Address
**250 VALENCIA AVE.
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1997

4. FEI Number ☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, GEORGE
250 VALENCIA AVENUE
CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE
TITLE **DPST**
NAME **MILLER, GEORGE**
STREET ADDRESS **250 VALENCIA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

13. ☒ Change ☐ Addition
1.1 TITLE **DP**
1.2 NAME **Miller, George**
1.3 STREET ADDRESS **250 Valenia Avenue**
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
2.1 TITLE **V**
2.2 NAME **Hennessy, David C.**
2.3 STREET ADDRESS **22481 Pleasant Park Road**
2.4 CITY-ST-ZIP **Conifer, CO 80433**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
3.1 TITLE **VS**
3.2 NAME **Berkowitz, Joel S.**
3.3 STREET ADDRESS **303 Ivy Lane**
3.4 CITY-ST-ZIP **Weston, FL 33326**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
4.1 TITLE **V**
4.2 NAME **Harkey, K. Michael**
4.3 STREET ADDRESS **2803 W. Busch Blvd., Suite 208**
4.4 CITY-ST-ZIP **Tampa, FL 33618**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
5.1 TITLE **AS**
5.2 NAME **Simpson, Anna M.**
5.3 STREET ADDRESS **850 Hangmans Road**
5.4 CITY-ST-ZIP **Bailey, CO 80421**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: **Anna M. Simpson, Assistant Sec.** 4/6/98 (303) 697-8400

CR2E034 (1097)