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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000091799

1. Corporation Name

International Research and Development, Inc.

Principal Place of Business
1506 Prudential Dr., #102
Jacksonville, FT, 32207

Mailing Address

1506 Prudential Dr:, #102 Jacksonville, FL 32207

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90032 050 ***150.00

Jackso	nville, FL 32207	Jä	acksonvi	lle, F	L	3220	7	DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed			
								10/27/1997			
2 Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For			
SIGNATURE SIGNATURE SIGNATURE SIgnature, Type or printed name of registered agent a period of printed name of registered agent and the printed name of registered name of			26 8535 Baymeadows Road				121	59-3506345	Not Applicable		
		Suite, Apt. #. etc.				2 40	oaq_				
									5 Additional e Required		
		27 Sulte 3-102 City & State									
—		ر سنت				:/			00 May Be		
			28 Jacksonville, F/						led to Fees		
¬ '			Zip Country					8. This corporation owes the current year Intangible			
24		29	52276	30		1.5.	H-	Personal Property Tax. Yes	□No		
	9. Name and Address of Current	Regis	stered Agent			04 1		10. Name and Address of New Registered Agent			
MOTIOT A	W Inc					81 N	lame	MOTOLAW, INC.			
					ì	82 St	treet Ac	ddress (P.O. Box Number is Not Acceptable)			
		Le	3 1301			50 North Laura Street					
Jacksonville, FL 32207						83	3 0				
						24 0		Suite 2750	7in Cad		
						84 Ci	ity	Jacksonville FL 85	Zip Code 32202		
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508. Florid	da Statutes.	the at	bove-na	amed co	orporation submits this statement for the purpose of changing	its registered		
office or re	egistered agent, or both, in the State of	Florid	da. Such chang	ge was auth	orized	by the	corpora	ation's board of directors. I hereby accept the appointment a	s registered		
agent. I a	n familiar with and accept the obligation	ons or	, Section 607.0	1505, Florida		ites.	1	1/24 Paged + + 1/12/1000			
	My Xuy		VV. 17	MULTO	<u>(1</u>	ray	<u> IDY</u>	Vice fresident 4/12/1999 OATE			
				(NOTE: Na	13.	Agent şign	nature requ	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 12		
1		DIME	X DE	FIF	1.1 111	n E	1	*\\`\`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nge Addition		
	- ·		Α		1.2 NA		Ì				
		41-	102								
STREET ADDRESS		-				REET ADD					
CITY-ST-ZIP	Jacksonville, FL 3	220				TY-ST-ZIP					
TITLE			□ DE	ELETE	2.1 111	īΕ		DPST Char	nge 🗶 Addition		
NAME					2.2 NA	ME		Miller, Glenn E., Jr.	}		
STREET ADDRESS					2.3 ST	REET ADD	RESS 1	1506 Prudential Dr., #102	ļ		
CITY-ST-ZIP					2. 4 CI	TY-ST-ZIP	P c	Jacksonville, FL 32207			
TITLE			DE	LETE ,	3.1.71	ΠE _		Chai	nge Addition		
NAME		E-min-m			3.2 NA	ME					
STREET ADDRESS					3.3 \$7	REET ADD	DRESS		}		
City-ST-ZIP						TY-ST-ZiP			1		
TITLE			☐ DE	LETE	4.1 TIT			☐ Char	nge Addition		
					4. 2 NA		-	_			
NAME	•					REET ADDI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
STREET ADDRESS											
CITY-ST-ZIP				ICTC		Y-ST-ZIP	<u>'</u>	☐ Char	ngo 🗀 Addition		
TITLE			☐ DE	ELEFE	5.1 TIT			Cital	nge		
NAME					5.2 NA						
STREET ADDRESS						REET ADD			-		
CMY-ST-ZIP						ry-st-zip	`				
TITLE			☐ DE	LETE	6.1 TIT	LE		☐ Char	ige 🗀 Addition		
NAME					6.2 NA	ME					
STREET ADDRESS					6.3 ST	REET ADD	RESS		}		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			Y-ST-ZIP	.				
44 11	10 11 14 1 Company	M. 7 - 61	 	P. C. 44			-4-41 :-	- Dti 440 07/0/0) - Dti 15-th	ha information		

4. 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 informatio 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Glenn E. Miller, Jr., President

13 1998 904-396-9963 Date Daysme Phone #