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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name ILRS INC.



DOCUMENT # P98000012567

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-29-1999 90034 044 ***150.00



Mailing Address Principal Place of Business 106 ALAN AVE. 106 ALAN AVE LEHIGH ACRES FL 33971-1831 **LEHIGH ACRES FL 33971-1831** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/06/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number App ied For 65-0812501 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 27 City & S ate City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Coun ry 8. This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registere 1 Agent 9. Name and Address of Current Registered Agent SMITH, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 82 106 ALAN AVE. LEHIGH ACRES FL 33971-1831 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTI : Registered Agent signature required when reinstating) Signature, typed or printed nai te of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. □ DELETE 1.1 TITLE TITLE INENE LI SMITH 1.2 NAME NAME 106 ALAN AVE. 1.3 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL. 33971 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE MOBERT 5. SMITH Change TITLE 22 NAME NAME 106 ALAN AVE. 2.3 STREET ADDRESS STREET ADDRESS LEHIOU ACRES FL. 33971 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADORESS STREET ADDRE IS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP C/TY-ST-ZIP

14. I hereb / 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 recuired 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:

INENE LI SMITH

CR2E034 (11/98)