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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042658

1. Corporation Name

INTERNATIONAL REALTY TRUST, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90007 031 ***150.00

	•									
Principal Place	re of Rusiness	Mailing Addre	ess				# 100%1001 110 #0103 10111	OBJUL ERIEL BREST BRES	I MEDER EIRID REIDE A	11881 1818 1881
•		•	2451 MCMULLEN BOOTH ROAD							
CLEARWATER F	EN BOOTH ROAD FL 33759		CLEARWATER FL 33759							
							DO NO	T WRITE IN TH	IS SPACE	
							 Date Incorporated or Q 05/11/1998 	ualifed		
2. Principal P	Place of Business	2a. Mailing Ad	dress				4 FFI Number	^	App	lied For
21	•	26					59-35089	103	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.			-1	5. Certificate of Status De		\$8.75 A	dditional
22		27					5. Certificate of Status Des	sired [_]	Fee Rec	quired
City & Stat	te	City & Sta	ite		~		6. Election Campaign Fina	incing _	\$5.00	May Be
23		28					Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip		Country			8. This corporation owes t	he current year l		_
24	25	29	36	0			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Ager	nt			1	0. Name and Address of	New Registere	d Agent	
				81	Name					
	AF CORPORATION			82	Street A	Address	(P.O. Box Number is Not	Acceptable)		
	MCMULLEN BOOTH ROAD				Oli Obt 1	100				
	E 200			83				<u> </u>		1
CLE/	ARWATER FL 33759				011			·	. 85 Zip C	'odo
•				84	City			F	L 85 Zip C	,000
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, FI	orida Statutes,	, the above	-named	corporat	ion submits this statement	for the purpose	of changing its	registered
office or r	registered agent, or both, in the Star am familiar with, and accept the obli	te of Florida. Such ch	ange was auth	norized by t	the corpo	oration's	board of directors. I hereb	y accept the app	ointment as reg	istered
	, .	gations of, Section of	77.0000, 1 101101	a Olbidico.			,			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Re	eg:stered Agent	t signature re	equired whe	an reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Re	egistered Agent	t signature re	equired whe	an reinstating) ADDITIONS/CHANGES		AND DIRECTO	RS IN 12
	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: Re		<u>-</u>	ρŊ	ADDITIONS/CHANGES	TO OFFICERS A	☐ Change	Addition
12.	Signature, typed or printed name of registered a	AND DIRECTORS		13.	<u>-</u>	ρŊ	ADDITIONS/CHANGES	TO OFFICERS A	☐ Change	Addition
12.	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS		13. 1.1 TITLE	<u>-</u>	ρŊ	ADDITIONS/CHANGES	TO OFFICERS A	☐ Change	Addition
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	<u>-</u>	ρŊ	ADDITIONS/CHANGES	TO OFFICERS A	☐ Change	Addition
12.	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	<u>-</u>	PD Fara 245	antatos, G. I Mc Mullen arwater, Fl	TO OFFICERS A	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	<u>-</u>	PD Fara 245 Cle	antatos, G. in mc mullen orwater, FL	N Booth R 33759	□ Change ol. Ste 3 Change	Addition 3 1,2 2 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME	ADDRESS 1-ZIP	PD Fara 245 Cle	antatos, G. in mc mullen orwater, FL	N Booth R 33759	□ Change ol. Ste 3 Change	Addition 3 1,2 2 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS - ZIP ADDRESS	PD Fare 245 Cle YS Apo	antatos, G. antatos, G. I mc mullen arwater, FL 7 onte, Carlo	N Booth B 33759	□ Change ol. Ste 3 ☐ Change Rd. Ste	Addition 3 1,2 2 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME	ADDRESS - ZIP ADDRESS	PD Fare 245 Cle YS Apo	antatos, G. in mc mullen orwater, FL	N Booth R 33759	□ Change ol. Ste 3 ☐ Change Rd. Ste	Addition 3 1,2 2 Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS - ZIP ADDRESS T-ZIP	PD Fare 245 Cle YS Apo	antatos, G. antatos, G. I mc mullen arwater, FL 7 onte, Carlo	N Booth B 33759	□ Change ol. Ste 3 □ Change Rd. Ste	Addition Addition Addition 312
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-ST 31 TITLE 32 NAME	ADDRESS - ZIP ADDRESS T-ZIP	PD Fare 245 Cle YS Apo	antatos, G. antatos, G. I mc mullen arwater, FL 7 onte, Carlo	N Booth B 33759	□ Change ol. Ste 3 □ Change Rd. Ste	Addition Addition Addition 312
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST	ADDRESS - ZIP ADDRESS T-ZIP	PD Fare 245 Cle YS Apo	antatos, G. antatos, G. I mc mullen arwater, FL 7 onte, Carlo	N Booth B 33759	□ Change ol. Ste 3 □ Change Rd. Ste	Addition Addition Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A	AND DIRECTORS	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS (-ZIP ADDRESS (-ZIP ADDRESS (-ZIP ADDRESS (-ZIP ADDRESS (-ZIP	PD Fare 245 Cle YS Apo	antatos, G. antatos, G. I mc mullen arwater, FL 7 onte, Carlo	N Booth B 33759	☐ Change cl. Ste 3 ☐ Change Rd. Ste ☐ Change ☐ Change	Addition Addition Addition

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, with all other like empowered.

SIGNATURE: