


**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90038 023 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000093977</b>					
1. Corporation Name <b>IRON ASSET FINANCIAL, INC.</b>					
Principal Place of Business <b>11960 NEW KINGS ROAD</b> <b>JACKSONVILLE FL 32219</b>			Mailing Address <b>11960 NEW KINGS ROAD</b> <b>JACKSONVILLE FL 32219</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>11/05/1998</b>					
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-354 0636</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip Country <b>24</b> <b>25</b>		Zip Country <b>29</b> <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SAFER, ELIOT J</b> <b>4925 BEACH BOULEVARD</b> <b>JACKSONVILLE FL 32207</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	<b>D</b> <input type="checkbox"/> DELETE				
NAME	<b>KOSTENSKI, EDWARD</b>				
STREET ADDRESS	<b>11960 NEW KINGS ROAD</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL 32219</b>				
TITLE	<b>D</b> <input type="checkbox"/> DELETE				
NAME	<b>KOSTENSKI, SUZANNE</b>				
STREET ADDRESS	<b>11960 NEW KINGS ROAD</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL 32219</b>				
TITLE	<b>D</b> <input type="checkbox"/> DELETE				
NAME	<b>DORMANN, CHRISTOPH</b>				
STREET ADDRESS	<b>11960 NEW KINGS ROAD</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL 32219</b>				
TITLE	<b>D</b> <input type="checkbox"/> DELETE				
NAME	<b>FEIMAN, ROBERT</b>				
STREET ADDRESS	<b>11960 NEW KINGS ROAD</b>				
CITY-ST-ZIP	<b>JACKSONVILLE FL 32219</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE** **CHRISTOPHER DORMANN**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/7/99 (904) 7658600**

CR2E034 (11/98)