## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

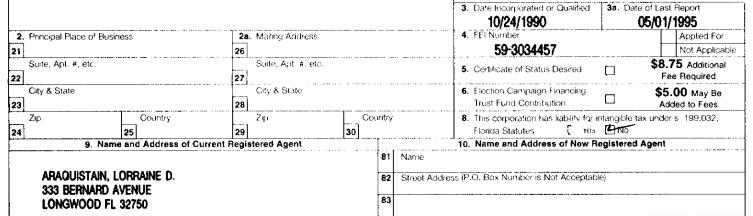
S08383

IRENE'S OPPORTUNITY, INC.

rincipal Place of Business	Mailing Addres

333 BERNARD AVENUE LONGWOOD FL 32750

333 BERNARD AVENUE LONGWOOD FL 32750



City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submills 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. Thereby, accept the appointment as registered agent. Fam

84

familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, by editor philited name of respetient agis it as in the magistral is a shift. Englishmed Agent agistral is a solution recording.  (All the control of						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS CHANGES TO OFFICERS AND DIREC	FORS IN 12	
TITLE	D 🗆	DELETE	1 1 bluf	Chang	Addition	
NAME	ARAQUISTAIN, LORRAINE D.		1.2 NAME			
STREET ADDRESS	333 BERNARD AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CiTY - ST - ZiP			
TITLE		DELETE	2 1 TiT: E	Chang	e 🔲 Addition	
NAME			2.2 NAME			
STHEET ADDRESS			2.3 STREET ADDRESS			
Crty - ST - ZrP			2.4 C/TY+ST+Z/P			
TITLE		DELETE	3 1 TITLE	☐ Chang	Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4 CITY+ST ZIP			
TITLE		DELETE	4 1 7 ITLE	Chang	e 🔲 Add tion	
NAME			4.2 NAME			
STREET ADDRESS			4 3 STHEET ADDRESS			
CHTY+ST-24P			4 4 CITY - ST - ZIF			
TITLE		DELETE	5 1 TITLE	☐ Chang	e 🔲 Addition	
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5 4 C · TY - ST · ZIP			
TITLE		DELETE	6 1 FIFLE	Chang	e 🔲 Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-SI-Zi2			

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath, 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

ICER OR DIRECTOR

Spil 23/1986 (40)830-9343

CR2E034 (12/95)