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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-23-1999 90269 005 ***150.00

| 1. Corporation | MENT # S75232 IR PROPERTIES, INC. | | | | | | | | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|-------------------------------|--------------|-----------|-----------------------------------------------|------------------------|-------------------|---------------|
| Principal Place | of Business | Mailing Address | | | | | i indiinia isi laani niila iibi | 18 11110 1101 01011 01 | MIT #1811 BIBIT (| |
| • | | | | | | | • . | | | |
| 18328 CYPRESS STAND CIRCLE TAMPA FL 33647 TAMPA FL 33647 TAMPA FL 33647 | | | | , L | | | • | | | |
| US US | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | ſ | Date Incorporated or Qualif | ed | | 1 |
| | | | | | | | 08/21/1991 | _ | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | | 4. FEI Number | | Ap | plied For |
| 21 | | 26 | | | | - 1 | 59-30837 <u>21</u> | | | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | 5. Certifcate of Status Desired | . 🗆 | \$8.75 | |
| 22 | · | 27 | | - | ٠ | | 5. Certificate of Glatus Desired | · | Fee Re | quired |
| City & State | 9 | City & State | | | | | 6. Election Campaign Financia | ^{ng} □ | \$5.00 | May Be |
| 23 | 28 | | | | | | Trust Fund Contribution | | Added | o Fees |
| Zip | p Country Zip Co | | | | | | 8. This corporation owes the | current year Int | | _/ |
| 24 | 25 | 1 | 0 | | | | Personal Property Tax. | - | Yes | <u>(3</u> √00 |
| | 9. Name and Address of Current | Registered Agent | | | | | 10. Name and Address of Ne | w Registered | Agent | |
| | | | ļ | 81 | Name | | | | | 1 |
| | MOUR, JOAN V. | | ŀ | 82 | Street A | Addres | s (P.O. Box Number is Not Acco | eptable) | | _ |
| 39641 PERSIMMON AVENUE | | | | | | | <u> </u> | | | |
| ZEPHYRHILLS FL 33540 | | | | 83 | | | | | | |
| | | | ŀ | 84 | City | | | | 85 Zip 1 | Code |
| | | | 1 | | - | | | FL | , | |
| office or re agent. I as | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | ons of, Section 607.0505, Florid | norized Ia Statu | by to | ine corpo | ration : | s poard of directors. Thereby at | cept the appoi | ntment as re | gistered |
| | Signature, typed or printed name of registered agent | | _ | Agent | signature re | edrited M | hen reinstating) ADDITIONS/CHANGES TO | | D DIRECTO | PS IN 12 |
| 12. | OFFICERS AND DIRECTORS DELETE | | | 13. | | | ADDITIONS/OFIANGES TO | OF FIGERS AI | Change | Addition |
| TITLE | | | | 1.1 TITLE | | | | | | _ |
| NAME | CETINOSII, OTEVEIT | | | 1.2 NAME | | | | | | } |
| STREET ADDRESS | 18328 CYPRESS STAND CIRCLE | | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | TAMPA FL 33647 | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | | | ☐ Change | Addition |
| TITLE | | | | | ł | | | | | |
| NAME | OLIMOON, MAIN | | | ME | ļ | | | | | { |
| STREET ADDRESS | TOOLS ON TEOS OF THE | | | 2.3 STREET ADDRESS | | | | | | 1 |
| CITY-ST-ZiP | TAMPA FL 33647 | | | 2. 4 CITY-ST-ZIP 3.1 TITLE | | | | | ☐ Change | Addition |
| TITLE | PS □ DELETE | | | | | | • | | ☐ Orlainge | |
| NAME . | OLIMOON, OUT | | | 3.2 NAME | | | | | | ļ |
| STREET ADDRESS | 18328 CYPRES STAND CIRCLE | | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | TAMPA FL 33647 | | | 3.4. CITY-ST-ZIP | | | | | ☐ Change | Addition |
| mre i | DELETE | | | 4.1 TITLE | | | | | □ Change | L. Addition |
| NAME | | | 4. 2 NA | | Į | | | | | Į |
| STREET ADDRESS | | | 1 | | ADDRESS | | | | | Ì |
| CITY-ST-ZIP | | | | 1.4 CITY-\$T-ZIP | | | | | ☐ Change | |
| TITLE | | ☐ DELETE | 5.1 TIT | | - | | | | | |
| NAME | | | 5.2 NA | | 4000000 | | | | | l |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | | -ZIP | | | | Change | Addition |
| TITLE | | ☐ DELETE | 6.1 TIT | | | | | | i change | L Addition |
| NAME | 1970 | | 6.2 NA | ME | J | | | | | Í |

CITY-ST-ŽÎŘ 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS