FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S89556** **(2)**

1. Corporation Name

I.R.I. MANAGEMENT CO., INC.

Principal Place of Business

1250 NW 62ND STREET
SUITE 1
MIAMI FL 33142
US

Mailing Address

P.O. BOX 015222
MIAMI FL 33101

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: **10/24/1991**

3a. Date of Last Report: **07/17/1995**

4. FEI Number: **65-0298516** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEITZEL, TED H.
269 NW 7TH STREET
SUITE 416
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 617.0505, 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 corporation is qualified to do business in Florida and hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	WEITZEL, RANDALL J.		1 NAME		
STREET ADDRESS	269 NW 7TH STREET, STE. 416		1 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2 TITLE		☐ Change ☐ Addition
NAME	DAVIS, HORACE C.		2 NAME		
STREET ADDRESS	310 SW 68TH BLVD		2 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3 TITLE	Director/Secretary	☐ Change ☒ Addition
NAME	WEITZEL, TED		3 NAME		
STREET ADDRESS	269 NW 7TH ST #416		3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3 CITY-ST-ZIP		
TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, accurate and complete, for the purposes of Section 119.07(5)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added above.

SIGNATURE: *Ted H. Weitzel, Director* 3-25-96 305-358-8030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)