CR2E034 (11/98)

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90017 024 \*\*\*150.00

**DOCUMENT # \$96756** 1. Corporation Name INVESTMENT RESEARCH & MANAGEMENT, INC. Principal Place of Business Mailing Address 200 S. PARK ROAD 200 S. PARK ROAD 425 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33021 US US 3. Date Incorporated or Qualifed 11/26/1991 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0424444 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt, #, etc. П 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Country Zip 8. This corporation owes the current year Intangible ☐ Yes □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAW PRACTICE OF J.B. GROSSMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 2875 N.E. 191ST STREET NORTH MIAMI BEACH FL 33180 83 City Zip Code 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition ☐ DELETE 11 TITLE TITLE HALKIN, BRUCE 1.2 NAME NAME 200 S. PARK ROAD, #425 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE **BELL, PAUL RICHARD** 2.2 NAME NAME 200 S. PARK ROAD #425 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition
■ Addition
☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 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 conforation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 if attachment with an address, with all other like empowered

64 CITY-ST-ZIE

SIGNATURE:

CITY-ST-ZIP

FLIDE FBROKERFLACKIN SIGNATU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR