

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **V53678** (1)  
1. Corporation Name  
**IRA SERVICES, INC.**

Principal Place of Business  
**2503 DEL PRADO BLVD  
STE 430  
CAPE CORAL FL 33904**

Mailing Address  
**2503 DEL PRADO BLVD  
STE 430  
CAPE CORAL FL 33904**

APPROVED  
AND  
FILED  
98 DEC -2 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 98  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	<b>1714 CAPE CORAL PKWY</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	<b>% ADAMSKI #</b>
City & State		City & State	
23		28	<b>CAPE CORAL FL</b>
Zip	Country	Zip	Country
24		29	<b>33904</b>
		30	<b>USA</b>

3. Date Incorporated or Qualified <b>07/23/1992</b>	
4. FEI Number <b>65-0346708</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ADAMSKI, ROBERT C 1714 CAPE CORAL PKWY <del>STE 201</del> CAPE CORAL FL 33904</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 *Robert C. Adamski* 11/14/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REAGAN, DONALD F</b>	1.2 NAME	
STREET ADDRESS	<b>2503 DEL PRADO BLVD #430</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMSKI, ROBERT C</b>	2.2 NAME	<b>DST ROBERT C. ADAMSKI</b>
STREET ADDRESS	<b>2724 DEL PRADO BLVD #201</b>	2.3 STREET ADDRESS	<b>1714 CAPE CORAL PKWY</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	2.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>800002705268-9</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>-12/07/98-01160-006</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>****750.00 ****750.00</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>12/14</b>
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Robert C. Adamski* 11/14/98 941-542-4733  
REQUIRE

0003837

CR2E034 (5/96)