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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H10199 (8)

1. Corporation Name
I.A.R. CORPORATION



Principal Place of Business 2112 CONSTITUTION BLVD SARASOTA FL 34233 US	Mailing Address POST OFFICE BOX 20589 SARASOTA FL 34276-3589 US
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3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 06/26/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BERNSTEIN, ARNOLD
 1519 PELICAN POINT DT.
 SARASOTA FL 34276**

10. Name and Address of New Registered Agent

81. Name **Bernstein, Arnold**

82. Street Address (P.O. Box Number is Not Acceptable)
2112 Constitution Blvd

83. City **Sarasota**

84. State **FL**

85. Zip Code **34231**

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 *[Signature]* **Arnold Bernstein Pres.** DATE **2/1/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	BERNSTEIN, ARNOLD	
STREET ADDRESS	1519 PELICAN POINT DR.,	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/>
NAME	COLLEEN, CASSIDY	
STREET ADDRESS	1519 PELICAN POINTE DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/>
NAME	COLLEEN, CASSIDY	
STREET ADDRESS	1519 PELICAN POINTE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/>
NAME	BERNSTEIN, ARNOLD	
STREET ADDRESS	1519 PELICAN POINT DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Bernstein, Arnold		
1.3 STREET ADDRESS	2112 Constitution Blvd		
1.4 CITY-ST-ZIP	Sarasota, FL 34231		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Cassidy, Colleen		
2.3 STREET ADDRESS	2112 Constitution Blvd		
2.4 CITY-ST-ZIP	Sarasota, FL 34231		
3.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Cassidy, Colleen		
3.3 STREET ADDRESS	2112 Constitution Blvd		
3.4 CITY-ST-ZIP	Sarasota, FL 34231		
4.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Bernstein, Arnold		
4.3 STREET ADDRESS	2112 Constitution Blvd		
4.4 CITY-ST-ZIP	Sarasota, FL 34231		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 on a separate page or on an attachment with an address.

SIGNATURE *[Signature]* **Arnold Bernstein Pres** DATE **2/1/97** **941 924 5272**

CF2E034 (9/96)