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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90107 012 ***150.00

UNCLASSIFIED

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K22541**
 1. Corporation Name
IANRON REALTY CORP.

Principal Place of Business: % JOHN JULIANO, SR. 4300 OLD OAK CIRCLE PALM HARBOR FL 34683 US

Mailing Address: 430 OLD OAK CIRCLE PALM HARBOR FL 34683 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 430 OLD OAK CIR. 22 Suite, Apt. #, etc.

2a. Mailing Address: 26 430 OLD OAK CIRCLE 27 Suite, Apt. #, etc.

23 City & State: PALM HARBOR FL 34683 28 City & State

24 Zip: 34683 25 Country: USA 29 Zip: 30 Country:

3. Date Incorporated or Qualified: 05/04/1988

4. FEI Number: 59-2896593 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 JULIANO, JOHN S R.
 430 OLD OAK CIRCLE
 PALM HARBOR FL 34683

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JULIANO, JOHN, SR.	
STREET ADDRESS	430 OLD OAK CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JULIANO, VERONICA	
STREET ADDRESS	430 OLD OAK CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JULIANO, GLEN	
STREET ADDRESS	1044 ROSETREE LANE	
CITY-ST-ZIP	TARPOON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Glen Juliano, PRES.* 2/20/99 127-787-7402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)