

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M65204 (3)**  
 1. Corporation Name  
**INVESTMENT PROPERTY ANALYSTS, INC.**

Principal Place of Business <b>4982 N PALM AVE                  WINTER PARK FL 32782-9111                  US</b>	Mailing Address <b>4982 NO PALM AVE                  WINTER PARK FL 32782-9111                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7549 GLENMOOR LA</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>32792-906</b>	2a. Mailing Address 26 <b>7549 GLENMOOR LA</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>32792-906</b>	Country 25 Country 30
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3. Date Incorporated or Qualified  
**01/20/1988**

4. FEI Number  
**59-2872217**  
 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**PORTER, THOMAS E.  
 7549 GLENMOOR LANE  
 WINTER PARK FL 32792**

61 Name  
 62 Street Address (P.O. Box Number is Not Acceptable)  
 63  
 64 City  
 65 Zip Code **FL**

10. Name and Address of New Registered Agent

61 Name  
 62 Street Address (P.O. Box Number is Not Acceptable)  
 63  
 64 City  
 65 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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, THOMAS E</b>	
STREET ADDRESS	<b>4982 N PALM AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, PAMELA A</b>	
STREET ADDRESS	<b>4982 N PALM AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7549 GLENMOOR LANE</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7549 GLENMOOR LANE</b>
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.

SIGNATURE: *Thomas E. Porter* *PAMELA A. PORTER* **4-18-98 499-690-7213**

CR2E034 (10/97)