

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 419658 (0)

1. Corporation Name

IVANHOE LAND INVESTMENTS, INC.



Principal Place of Business

1408 NORTH WESTSHORE BLVD.  
SUITE 908  
TAMPA FL 33607

Mailing Address

1408 NORTH WESTSHORE BLVD.  
SUITE 908  
TAMPA FL 33607

3. Date Incorporated or Qualified  
02/20/1973

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1514230

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORY, STEPHEN F.  
1408 N. WESTSHORE BLVD.  
SUITE 908  
TAMPA FL 33607

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	STORY, STEPHEN F.	
STREET ADDRESS	1408 N. WESTSHORE BLVD., SUITE 908	
CITY- ST- ZIP	TAMPA FL	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	CAPPELLO, VALARIE G.	
STREET ADDRESS	1408 N. WESTSHORE BLVD., SUITE 908	
CITY- ST- ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CASSIDY, EUGENE F.	
STREET ADDRESS	1408 N. WESTSHORE BLVD., SUITE 908	
CITY- ST- ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CULVERHOUSE, HUGH F	
STREET ADDRESS	1408 N W-SHORE BLVD #908	
CITY- ST- ZIP	TAMPA FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CAPPELLO, VALARIE	
STREET ADDRESS	1408 N W-SHORE BLVD #908	
CITY- ST- ZIP	TAMPA FL	
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 checked="" type="checkbox"/> Addition
2.2 NAME	VAS
2.3 STREET ADDRESS	Lynch, Scott
2.4 CITY- ST- ZIP	1408 N. Westshore Blvd., Suite 908 Tampa, FL 33607
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VT
3.3 STREET ADDRESS	Cassidy, Eugene F.
3.4 CITY- ST- ZIP	1408 N. Westshore Blvd., Suite 908 Tampa, FL 33607
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VAS
4.3 STREET ADDRESS	Hager, William
4.4 CITY- ST- ZIP	7184 Beneva Road Sarasota, FL 34238
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	Tramontano, Lillian
5.4 CITY- ST- ZIP	1408 N. Westshore Blvd., Suite 908 Tampa, FL 33607
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 9, 1996 (813) 287-0023

Date

Daytime Phone #

CR2E034 (12/95)