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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 419658

(0)

IVANHOE LAND INVESTMENTS, INC.

FILED
May 05 1997 8:00am
Secretary of State

D IDBOK DINGE KINDE INGE BUIN DIEK FÜR ÖLÜK DIEK DIREK ÜŞDIL BÜĞÜL ÖLÜK ÖLÜK KÖÜL

Principal Place of Business Mailing Address								1 (0911) 51001 (1515 15110 51101 51101 1511	41811 41811 BV	., .,	21311 (331	
1408 NORTH WESTSHORE BLVD. SUITE 608 TAMPA FL 33607			1408 NORTH WESTSHORE BLVD. SUITE 908 TAMPA FL 33607-4584									
	-							 Date Incorporated or Qualified 02/20/1973 		of Last R 9/1996	eport	
2. Principal Pi	ace of Business	2a. Ma	ailing Address					4. FEI Number		Ar.	oplied For	
21		26						59-1514230 Not Applicab				
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
22		27	t. P. Ctoto	··········							equired	
City & State	3		ty & State					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
23 Zip	Country	28 Zu	D	-	Country			8. This corporation has liability for i				
24	25	29		30	, ·			Florida Statutes	Yes	No	133.002	
	9, Name and Address of Curr		ed Agent		1		1	10. Name and Address of New Re	gistered Ag	jent		
STO	RY, STEPHEN F.				81			V - 11				
1408 N. WESTSHORE BLVD.					82	Street	er J.	. Kelly s (P.O. Box Number is Not Acceptab	le)			
	TE 908		501 E				East	East Kennedy Boulevard - Suite 1400				
	IPA FL 33607				83							
					84	City				85 Zip	Code	
				· · · · · · · · · · · · · · · · · · ·		Tam	ра		FL	33	3602	
11. Pursuant	to the provisions of Sections 607.09	502 and 8 07. te of F forida	1508, Florida Sta Such change wa	dules, i is auth	the abov lorized b	e-named v the cor	d corpora rporation	ation submits this statement for the p 's board of directors. I hereby accep	urpose of d at the appoi	hanging it ntment as	is registered registered	
ageni. I a	m familiar with and accept the obl	igations of Si	ection 607.0505,	Florida	a Statute	§.		, , ,			,	
SIGNATURE		-lly	/	io.				vhen reinstating)	DATE			
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECT		NOIL BE	18.	ent signatur	re required v	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12	
TITLE	PSD		DELETE		1.1 DILE		Pres	sident/Secretary/Dia			Addition	
NAME	STORY, STEPHEN F.		••		1.2 NAME			r F. Culverhouse, Jr				
STREET ADDRESS	1408 N. WESTSHORE BLVD	., SUITE 90	8		1.3 STREE	I ADDRESS		Biscayne Tower - Su		599		
CITY-ST-ZIP	TAMPA FL				14 C/TY-	ST-ZIP	Mian	ni, FL 33131				
TITLE	VAS		DELETE		21 TITLE				Ĺ	Change	Addition	
MAME	LYNCH, SCOTT				22 NAME							
STREET ADDRESS	1408 N WESTSHORE BLVD,	SUITE 908			23 STREE.	T ADDRESS						
CITY-ST-ZIP	TAMPA FL		T priese	····-	2.4 CHY-	ST-ZIP				Change	Addition	
TITLE	VT		☐ DELETE		3.1 TITLE				L		L Addition	
NAME	CASSIDY, EUGENE F.	ellitte on	•		3.2 NAME	7 4DDDF 00						
STREET ADDRESS	1408 N. WESTSHORE BLVD TAMPA FL	., 50116 80	ю			T ADDRESS	· [
CITY-ST-ZIP TITLE	VAS		X DELETE		3.4 CITY- 4.1 TITLE	01.54	+			Change	Addition	
NAME	HAGER, WILLIAM			!	4. 2 NAME				_	-	= -	
STREET ADDRESS	7184 BENEVA ROAD					1 ADDRESS	,					
CITY-ST-ZIP	SARASOTA FL			1	4.4 CHY-							
TITLE	AS		DELETE		5.1 TITLE		Dire	ector	[Change	X Addition	
NAME	TRAMONTANO, LILLIAN				5.2 NAME		Andı	rew N. Cappello				
STREET ADDRESS	1408 N WESTSHORE BLVD.	STE 908			5.3 STREE	1 ADDRESS	100	North Tampa Street	- Suit	te 300)0	
CITY-ST-ZIP	TAMPA FL				5.4 CHY-	\$1 · ZIP		oa, FL 33602	·····	7	G	
TITLE			DELFTE		61 TITLE			ector	ι] Change	Addition	
NAME					6.2 NAME			mas K. Purcell	_ 100	-		
STREET ADDRESS						I ADDRESS		Water Street - Suit)		
CITY-ST-ZIP	by early that the inferentian a way	ligel with this	filing does not ex	uslifo fo	64 CITY-	a na n Cana	atatad in	ksonville, FL 32202 Section 119.07(3)(i), Florida Statute	a I further	certify the	the	
informatio	on indicated on this annual report of	ir supplement	tal annual report	is true	and acc	urate an	id that m	y signature shall have the same lega s required by Chapter 607, Florida S	l effect as i	f made un	nder oath; the	
an an o	micer or director of the Torporation in Block 12 or Block 16 if chair od:	or the receiv or on an alla	er of trustee emp achmen with an I	poyure pridres	:O (O 6X6 88.	cule this	ь тероп а	s required by Chapter 607, Florida S	itatutes; an	∍ inat my ·	name	
		7 <i>[1]</i>				_						