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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F89298

(6)

INVESCO REAL ESTATE, INC.

Principal Place of Business Mailing Address													
930 - 38TH AVE., N.E. St. Petersburg Fl. 33704				830 - 38TH AVE., N.E. ST, PETERSBURG FL 33704-1636									
US			US	\$				3. Date Incorporated or Qualified 07/01/1982		ate of L 02/19		port	7
2. Principal Place of Business				2a. Mailing Address				4. FEI Number				olied For	
21				26				59-2202822		[Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State				City & State				6. Election Campaign Financing		\$5	.00	Мау Ве	1
23				28				Trust Fund Contribution		Ac	ided to	Fees	1
Zip	Country			Zip I		Country		8. This corporation has liability for intangible tax under s. 199.032,					
24	25 25 9. Name and Address of Current		29 nt Regis			<u> </u>		Florida Statutes Yes No 10. Name and Address of New Registered Agent					┨
DALE						81	Name						1
PALMERINO, ANTHONY 930 38TH AVENUE				82			Street Add	eress (P.O. Box Number is Not Acceptable)					
S T. 	PETERSBU	IRG FL 33704				83	<u> </u>		·				$\frac{1}{2}$
						84	City		FL	85	Zip C	ode	1
11. Pursuant to office or reason. La	to the provis	sions of Sections 607.05 gent, or both, in the State	02 and 6 e of Flori	607.1508, Florida Statu ida Such change was	tes, the a authorize	above ed by	e-named cor the corpora	rporation submits this statement for the pation's board of directors, I hereby accep	urpose o	chanc	ing its	registered egistered	
SIGNATURE		d or printed name of registered as	•					ulred when reinstating)	DATE				
12.	Sidiktane Abber	OFFICERS AN			13.		en signature requ	ADDITIONS/CHANGES TO OFFIC		DIRE	CTOR	3 IN 12	18
TITLE	PST			DELETE	1.1 1	TITLE				Ch	ange	Addition	8
NAME.	PALMERI	INO, ANTHONY			1.21	NAME							12
STREET ADDRESS		1 AVE. NE			1.3 §	STREET	ADDRESS						ļ
C(1Y-S1-2IP	ST. PETE	ERSBURG FL 33704	····			CITY - S	ST- ZIP						<u> </u>
TIBLE				[]] DELETE	1	TITLE	1			☐ Ch	ange	Addition	1
NAME						NAME							
STREET ADDRESS							ADDRESS						
CITY+S*-7IP TITLE	,			DELETE		CITLE	\$T-ZIP			☐ Ch	ange	Addition	4
NAME				_ · ·		NAME				_	-	-	
STREET ADDRESS					3.3 9	STREET	ADDRESS						
D-TY - S1 - ZIP					3.4.	CITY-S	ST-ZIP						
Tatt				DELETE	4.1	TITLE				Ch	ange	Addition	
NAME					4. 2	NAME							
STREET ADDRESS					4.3 \$	STREET	ADDRESS						
CHY-ST-ZIF		W			4.4 (CITY-S	ST-ZIP						_
TITLE				DELETE	ı	ITTLE				Ch	ange	Addition	
NAME:						NAME							
STREET ADDRESS							f Address						
CHY-ST-ZiP		NAME OF THE PARTY		☐ DELETE			ST-ZIP			☐ Ch	2005	☐ Addition	-
I TILLE I					■ 0.1	TITLE	1				ariye		F

6.4 CITY-ST-ZIP 14. I do hereby could 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

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

THUE NAME

STREET ADDRESS

FILED

May 02 1997 8:00am

Secretary of State