Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90044 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J05322

1. Corporation Name

INTERNATIONAL PROJECT REALTY CORPORATION

Principal Place	of Business	Mailing Address								
8462 S TAMIAN	II TRAIL	PO BOX 2700								
P.O. BOX 2700		P.O. BOX 2700				DO NOT WRITE IN THE SPACE				
SARASOTA FL	34238	SARASOTA FL 34230				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US		US			3. Date inc	•	rea			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Num			IIA	pplied For	
— '	add of Buomoss	26			59-236	7183			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional		
22		27		5. Certifcat	e of Status Desired			Required		
City & State		City & State		6 Election	Campaign Financi		\$5.00	May Be		
23		28			nd Contribution	ng 🗆		to Fees		
Zip	Country	Zip	Country	•		oration owes the	current year Inta	naible		
	25	29 30]			Property Tax.		☐Yes	□No	
24	9. Name and Address of Current	_ 	<u> </u>			nd Address of Ne	w Registered A	gent		
····	V. Hallie and Addition of Carroll		81	Name						
WEINBERG, ALEXANDER				<u></u>						
	S TAMIAMI TRAIL	82 Si		Street Ad	ddress (P.O. Box N	lumber is Not Acc	eptable)			
	ASOTA FL 34238	8:							····	
			84	City				85 Zip	Code	
			ľ	'			FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above	e-named co	orporation submits	this statement for	the purpose of o	changing it	s 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	13.		ADDITIO	NS/CHANGES TO	OFFICERS AN			
TITLE	DP	☐ DELETE	1.1 TITLE				•	Change	☐ Addition	
NAME	WEINBERG, ALEXANDER		1.2 NAME			•		4 (0) -	أمما	
STREET ADDRESS			1.3 STREET	ADDRESS	485 E.	ROYAL	FLHMIA	140	OR.	
CITY-ST-ZIP	SARASOTA FL	l l	1.4 CITY-ST	r-zíP		•				
TITLE		☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET	(ADDRESS					Ţ	
			2.4 CITY-S		·					
CITY-ST-ZIP TITLE			3.1 TITLE	11-211	72,0			Change	Addition	
NAME			32 NAME	-				·	\	
_		ľ	3.3 STREET	TADDDECC.						
STREET ADDRESS									-	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-21-				Change	Addition	
TITLE		Operate								
NAME		i	4. 2 NAME						ł	
STREET ADDRESS			4.3 STREET	ADDRESS					}	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				П.С	Addition	
TITLE			5.1 TITLE					☐ Change	· L Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET							
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TILE		☐ DELETE,	6.1 TITLE	4				Change	☐ Addition	
NAME		·	6.2 NAME							
STREET ADDRESS	g y		6.3 STREET	ADDRESS					i	
CITY-ST-7IP	Control of the second		6.4 CITY-S	T-ZIP					1	

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:

CITY-ST-ZIP

941 966-3611