

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

FILED  
Mar 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS																																																																																																															
DOCUMENT # J90306 (8) 1. Corporation Name FLORIDA INVESTMENT PROPERTY MANAGEMENT, INC.																																																																																																																	
Principal Place of Business 1268 CAMBERLY COURT HEATHROW FL 32746		Mailing Address 1268 CAMBERLY COURT HEATHROW FL 32746-5300																																																																																																															
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9. Name and Address of Current Registered Agent BJONERUD, STANLEY R. 1268 CAMBERLY CT. HEATHROW FL 32746		10. Name and Address of New Registered Agent 81 BJONERUD, STANLEY R. & DAVID ABELER 82 5 WEST HIGH BANKS ROAD 83 84 DEBERY, FL 32713																																																																																																															
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, to 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] DATE: 3/2/97																																																																																																																	
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>VPDS</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BJONERUD, DOROTHY T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1268 CAMBERLY CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HEATHROW FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BJONERUD, STANLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1264 W. LANGLEY COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HEATHROW FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	VPDS	<input type="checkbox"/> DELETE	NAME	BJONERUD, DOROTHY T		STREET ADDRESS	1268 CAMBERLY CT		CITY-ST-ZIP	HEATHROW FL		TITLE	PD	<input type="checkbox"/> DELETE	NAME	BJONERUD, STANLEY		STREET ADDRESS	1264 W. LANGLEY COURT		CITY-ST-ZIP	HEATHROW FL		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 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>10433 BUTTON WILLOW DR.</td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>LAS VEGAS, NV 89134</td> </tr> <tr> <td>2.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>10433 BUTTON WILLOW DR.</td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>LAS VEGAS, NV 89134</td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS	10433 BUTTON WILLOW DR.	1.4 CITY-ST-ZIP	LAS VEGAS, NV 89134	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS	10433 BUTTON WILLOW DR.	2.4 CITY-ST-ZIP	LAS VEGAS, NV 89134	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	
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14. I do 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. I am an officer or director of the corporation or a shareholder 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: [Signature] DATE: 2/18/97																																																																																																																	



CR2E034 (9/96)

Bank Dep. \$165.00

702-838-6280