

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90017 010 \*\*\*150.00

DOCUMENT # L67332

1. Entity Name

INVESTMENT PROPERTY ASSOCIATES, INC.



Principal Place of Business

C/O WILLIAM M QUINLAN  
904 NE 62ND STREET  
FORT LAUDERDALE FL 33334  
US

Mailing Address

C/O WILLIAM M QUINLAN  
904 NE 62ND STREET  
FORT LAUDERDALE FL 33334  
US

2. Principal Place of Business

942 NE 62ND STREET

Suite, Apt. #, etc.  
FORT LAUDERDALE, FL

City & State 33334

Zip Country  
US

3. Mailing Address

942 NE 62ND STREET

Suite, Apt. #, etc.  
FORT LAUDERDALE, FL

City & State 33334

Zip Country  
US



MOORE CR2E034 (11/03)

4. FEI Number 65-0204307

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINLAN, WILLIAM M  
904 NE 62ND STREET  
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name QUINLAN, WILLIAM-M  
Street Address (P.O. Box Number is Not Acceptable)  
942 NE 62ND STREET  
City FT. LAUDERDALE FL 33334

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

WILLIAM M. QUINLAN 1/23/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME QUINLAN, WILLIAM M  
STREET ADDRESS 904 NE 62ND STREET  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #