

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90058 009 ***150.00

DOCUMENT # M65204

1. Corporation Name
INVESTMENT PROPERTY ANALYSTS, INC.



Principal Place of Business
7549 GLENMOOR LA
WINTER PARK FL 32972-061
US

Mailing Address
7549 GLENMOOR LA
WINTER PARK FL 32792-061
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4061 STAGHORN TRAIL
Suite, Apt. #, etc.
22
City & State
23 HAVANA, FLORIDA
Zip
24 32333 Country
25 US

2a. Mailing Address
26 4061 STAGHORN TRAIL
Suite, Apt. #, etc.
27
City & State
28 HAVANA, FLORIDA
Zip
29 32333 Country
30 US

3. Date Incorporated or Qualified
01/20/1988

4. FEI Number
59-2872217 Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PORTER, THOMAS E.
7549 GLENMOOR LANE
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 4061 STAGHORN TRAIL
84 City HAVANA FL 85 Zip Code 32333

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, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, THOMAS E	1.2 NAME	
STREET ADDRESS	7549 GLENMOOR LANE	1.3 STREET ADDRESS	4061 STAGHORN TRAIL
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	HAVANA, FL 32333
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, PAMELA A	2.2 NAME	
STREET ADDRESS	7549 GLENMOOR LANE	2.3 STREET ADDRESS	4061 STAGHORN TRAIL
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	HAVANA, FL 32333
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Thomas E. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

(850) 539-5018

Daytime Phone #

CR2E034 (11/98)

0002350