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

DOCUMENT # P92000000791

1. Corporation Name

INDEPENDENT PROPERTY MANAGEMENT, INC.

MOEILI	ADENT FROI EITH MINNA						
Principal Place of Business Mailing Address					1 (ABILARI (SA SALEA ILBU ERIE) ANNI ARII ARII	.14) BB4((88)() (88)0)	6181 3191 1EE1
1101 COLONY POINT CIRCLE 1101 COLONY POINT CIRCLE							
UNIT 121 UNIT 121					DO NOT WINES IN Th	JIC CDACE	
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026					DO NOT WRITE IN TH	11S SPACE	
					3. Date Incorporated or Qualifed 10/30/1992		
Principal Place of Business 2a. Mailing Address			_	4. FEI Number	<u> </u>	lied For	
21					65-0376875		Applicable
Suite, Apt. #, etc.		- Suite; Apt. #, etc		5. Certificate of Status Desired	\$8.75 -A		
		City & State			6. Election Campaign Financing	\$5.00	May Be
23					Trust Fund Contribution	Added to	
Zip	Country Zip		Countr	ountry 8. This corporation owes the		Intangible	
24	25	_ 	30	•	Personal Property Tax.		□No
	9. Name and Address of Curre				10. Name and Address of New Register	ed Agent	
			8	1 Name			
WEINBERG, STEVEN A				2 Street Add	ress (P.O. Box Number is Not Acceptable)	~	
8000 PETERS ROAD]	Cu occ rada	Today (F. G. Box Foundaries Foundation)		
PLANTATION FL 33324				3			
				4 City		85 Zip C	ode
1		500 4 507 1509 Florida Chabita	a the ebe	uo namad sarr	poration submits this statement for the purpose		registered
Affice or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was all	ithorized b	v ine comorati	ion's board of directors. I hereby accept the ap	pointment as reg	jistered
SIGNATURE	·				ad when reinstating) DATE		
			Registered Ag	ent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS ST DELETE		1.1 TITLE		ADDITIONS/CITATIONS TO CITIONIC	Change	Addition
TITLE	ST CUEDNIN MILTON I	_ DELETE	1.2 NAME				-
NAME				1			1
STREET ADDRESS				ET ADDRESS	`		
CITY-ST-ZIP	PEMBROKE PINES FL 33026	☐ DELETE	1.4 CITY- 2.1 TITLE			Change	Addition
TITLE		₩ DELETE		1	•		
NAME			2.2 NAME				
STREET ADDRESS	- 		~ .	ET ADDRESS	بجيمين والمناز والمناز والمناز	سبد بهرمين	
CITY-ST-ZIP		[] DELETE	2.4 CITY			☐ Change	☐ Addition
TITLE	•	C pereie	3.1 TITLE			[] Ollongo	
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		Change	Addition
TITLE	٠,	☐ DELETE	4.1 TITLE				(
NAME	,		4. 2 NAM				ļ
STREET ADDRESS	· .			ET ADDRESS	·		
CITY-ST-ZIP	<u> </u>	——————————————————————————————————————	4.4 CITY-				Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			☐ Change	☐ Audinon
LAMAGE	i		■ 5.2 NAM	: i			

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90019 022 ***150.00

☐ Change

☐ Addition