Mar 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002284

1. Corporation Name

I.P. SCA	PE CORP.										
		····] 		
Principal Place		Mailing Addres									
200 W PALMET	TO PARK RD	200 W PALMET	TO PARK RD								
SUITE 192 BOCA RATON F	EI 33432	SUITE IDE BOCA RATON I	FI 33432					DO NOT	WRITE IN THIS	SPACE	
US	r L 30402	US				3.	Date Incom	orated or Qua	lifed		
							10/30/19				-
2. Principal Pl	lace of Business	2a. Mailing Ad	dress			4.	FEI Numbe			Ap	plied For
21		26					65-0367	550		No	t Applicable
Suite, Apt.	. .	Suite, Apt.	1 1	}				of Status Desir	ed 🔲 -	\$8.75 A	
City & State	<u>e 101</u>	27 3017 City & Stat	· · · · · · · · · · · · · · · · · · ·	1		-	Election Co	mnoian Einan	oina	\$5.00	
	e	├ ┐				, -		mpaign Finan Contribution		Added t	
Zip	Country			Country	,				current year In		-
24	25	29	30	¬ ´		1	•	roperty Tax.	carrent your m	Yes	□No
24	9. Name and Address of Currer			1					lew Registered	Agent	-
		<u> </u>		81	Name						
	:s, irwin W Palmetto Park RD			82	Street /	Address (P.	O. Box Nur	nber is Not Ac	ceptable)		
SUITE 182				02			A	<u> </u>			
	A RATON FL 33432			83	1 21	site	101				
500	A TOTAL COTOL			84	City	<u> </u>			FL	85 Zip C	Code
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Flo	orida Statutes,	the above	e-named	corporation	submits thi	s statement fo	r the purpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such cha	ange was auth	orized by	the corpo	oration's boa	ard of direct	tors. I hereby	accept the appo	intment as reg	gistered
agent Lar		lions of Secuoli ou	7.UDUD. PIUNUA	a Statutes	i <u>.</u>						
!	m rammar with, and accept the conga	lions of, Section of	7.0505, FIORGA	a Statutes	i.						
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SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Re					/CHANGES TO	DATE		
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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 reports 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 of trustee simpowered 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 any address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR