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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90089 033 ***150.00

DOCUMENT # P93000028428

	IIP REALTY, INC.							
rincipal Place of	of Business	Mailing Address						
9618 13TH ST 2618 13TH ST				1				
T CLOUD FL 34769		ST CLOUD FL 34769			DO NOT WRITE IN THIS SPACE			
3		US			ncorporated or Qualifed			
				04/1	5/199 <u>3 </u>		1	
		2a. Mailing Address		4. FEI N	umber		Applied	
. Principal Place of Business		26		59-3	176937 Not Applica			
		Suite, Apt. #, etc.		5 Cortif	5. Certificate of Status Desired Fee Require			
Suite, Apt. #	, etc.	27						
L		City & State			on Campaign Financing	□ > 5	. 00 May ded to Fi	9 BB
City & State		28		Fund Contribution		ded to 1		
	Country	Zip	Country		corporation owes the cu	rrent year Intangible Yes⊟		No
Zip ¬	`	29 30		Perso	nal Property Tax			
<u> </u>	9. Name and Address of Currer			10. Nam	e and Address of New	Registered Agent		
	9. Name and Address of Carret		81 Nam	9				
MORIN, EMILY Y 2620 CLAY WHALEY ROAD			82 Stree	t Address (P.O. B	ox Number is Not Accep	otable)		
2620	CLAT WHALET ROAD		83					
SIC	LOUD FL 34772		<u> </u>			85	Zip Coo	
•			84 City			FI I i	-	
	to the provisions of Sections 607.056 egistered agent, or both, in the State		At a shown name	d cornoration sub	mits this statement for th	ne purpose of chang	ng its re	gistered
agent, i ai	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE: Re	egistered Agent signatu		<u> </u>	DATE DEFICERS AND DIF	ECTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE: Re	egistered Agent signatu			DATE DEFICERS AND DIF		S IN 12
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14. I hereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 118.07(5)(5), formal statutes in findicated 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 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:

THE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

1-26-99 401-951-23-2