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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000001896 (6)

IPPS OF ORLANDO, INC.

Mailing Address

Principal Place of Business

FILED May 06 1998 8:00am Secretary of State



APOPKA FL 32703		APOPKA FL 32703		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					01/06/1995	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		59-3303006	Not Applicable
Suite, Apl.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State			8. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the o	_ _ `
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Currer	nt Registered Agent	8	1 Name	10. Name and Address of New Registere	a Agent
	RM O LOWICZ, INGE L		0	Name		
	SO BEAR LAKE ROAD		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
AP	OPKA FL 32703		Ļ			•
			8	3		
			8	4 City		85 Zip Code
				1	<u> </u>	L 1 1 1
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu : of Florida. Such change was ations of, Section 607.0505, Fl	tes, the abo authorized I lorida Statut	ve-named co by the corpor es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered opointment as registered
SIGNATURE						
	Stgnature, typed or printed name of registered ag-			per arutangia Inag	puired when reinstating) DATE	(D. DIDEOTODO 11/10
12.		D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	OD DIRECTORS IN 12
TITLE	PD	□ DEELIE				C Change C Addition
NAME	JERMOLOWICZ, INGE L		1.2 NAM			
STREET ADDRESS	9450 BEAR LAKE ROAD			ET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703	☐ DELETE	1.4 CITY			Change Addition
TITLE	VSTD JERMOLOWICZ, JOSEPH E		2.1 TITLE			
NAME	9450 BEAR LAKE ROAD		2 2 NAM			
STREET ADDRESS	APOPKA FL 32703			ET ADDRESS		
CITY-ST-ZIP	APUPKA PL 32/03	☐ DELETE	2 4 CITY 3 1 TITLE			Change Addition
TITLE		□ 0tit(t				Change Addition
NAME			32 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. CiTY 4 1 TiTLE			Change Addition
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NAME DECET ADDRESS				ET ADDRESS		
STREET ADDRESS			1			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE		<u> </u>	☐ Change ☐ Addition
NAME		PH percit	5.2 NAM	ŀ		
· · · · · · · ·				ET ADDRESS		
STREET ADDRESS				ŀ		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			Change Addition
		FT percut	6.1 IIILE			L Shango L Notified
NAME OTRET ADDRESS				ET ADDRESS		
STREET ADDRESS				Į.		
CITY-ST-ZIP			6.4 CITY	-SI-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.