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 # P95000013669 (3)

INVESTMENT PROPERTY PARTNERS, INC.

Principal Pla	ice of Business	Mailing Address				
701 HERLONG COURT		701 HERLONG COURT BRANDON FL 33511			DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified 02/17/1995	
2. Principal	2. Principal Place of Business 2a. Mailing Address			-3	4, FEI Number	Applied For
21	26				59-3299161	Not Applicable
Suite, Apt. #, etc. Suite, Ap 22 27		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zib	Cou	Intry	8. This corporation owes or has paid the c	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Registered	d Agent
STE 3700-BARNETT PLAZA TAMPA FL 33602				83 84 City	F	
office or agent. I	r registered agent, or both, in the Sta am familiar with, and accept the ob-	502 and 607.1508, Florida Statate of Florida Such change walligations of, Section 607.0505,	utes, the a s authorize Florida Sta	bove-named corp d by the corpora tutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (N	OTE Registere	d Agent signature requi	red when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	S	☐ DELETE	1.1 T	TLE		Change Addition
NAME	THOMAS, JON C		1.2 N	AME		
STREET ADDRESS			1.3 S	FREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		1.40	ITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 T	TLE		Change Addition
NAME	TILSON, GARY D		2.2 N	AME		
STREET ADDRESS	2607 GIANT PLACE		2.3 S	TREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584		2.40	HTY-ST-ZIP		
TITLE		☐ DELETE	3.1 T	TLE		☐ Change ☐ Addition

STREET ADDRESS 6.3 STREET ADDRESS 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 13 if changed, or on an attachment with an address.

3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

34. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

JON C. THOMAS

DELETE

DELETE

DELETE

4-27-98 813/653-1062

FILED

May 05 1998 8:00am

Secretary of State

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