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 # P95000013669

INVESTMENT PROPERTY PARTNERS, INC.

	,							
Principal Place of Business Mailing Address							# #	• • • • • • • • • • • • • • • • • • • •
701 HERLONG COURT 701 HERLONG COURT								
BRANDON FL 33511 BRANDON FL 33511						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						02/17/1995		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				59-3299161	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	•	Additional
27						5. Certificate of Status Desired	Fee Re	equired
City & State City & State						6. Election Campaign Financing		May Be
23	28			Trust Fund Contribution Added to Fees			to Fees	
Zip	Country	Zip	Country	У		8. This corporation owes the current year		[7a]
24	25		30			Personal Property Tax.	Yes	□No
12	9. Name and Address of Curre	nt Registered Agent	81	1	Name	10. Name and Address of New Register	ea Agent	
LUR	RANO, ANDREW J		"	1	Ttaille			
101 EAST KENNEDY BOULEVARD			82	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
STE 3700-BARNETT PLAZA			83	2				
	PA FL 33602		"	•				
11 4111			84	4	City	,	85 Zip	Code
		200 and COT 4500 Florida Chabita	- th - ab a				of changing its	registered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag				signature required v	ration submits this statement for the purpose is board of directors. I hereby accept the ap		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLÉ	S	☐ DELETE 1.1 T					Change	☐ Addition
NAME	THOMAS, JON C		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS			Į
CITY-ST-ZIP			1.4 CITY-	1.4 CITY-ST-ZIP				
TITLE	P.			2.1 TITLE			Change	☐ Addition
NAME	TILSON, GARY D		2.2 NAME					
STREET ADDRESS	DORESS 2607 GIANT PLACE		2.3 STREET ADDRESS		ADDRESS			1
CITY-ST-ZIP	SEFFNER FL 33584 2.4		2. 4 CITY-	-ST-	-ZIP			·
TITLE	☐ DELETE 3.1 T		3.1 TITLE			•	Change	Addition
NAME 1] 3.		3.2 NAME	3.2 NAME				j
STREET ADDRESS	ADDRESS		3.3 STREET ADDRESS		ADDRESS			ì
CITY-ST-ZIP			3.4. CITY-		-ZIP			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME	E				ļ
STREET ADDRESS			4.3 STREE	ETA	ADDRESS			
CITY-ST-ZIP			4.4 CITY-	4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME	•				
STREET ADORESS			5.3 STREE	ETA	ADDRESS			
CITY-ST-ZIP	L		5.4 CITY-		ZIP			
TITLE		DELETE	6.1 TITLE				☐ Change	☐ Addition \

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 of the receiver of trusted 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, of on an attackingent with an address, with all other like empowered. CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

□ DELETE

☐ Addition

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90138 050 ***150.00