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CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

560723 - 90072 - 40

DOCUMENT # P97000034591

1. Corporation Name
Florida Investment Partners, INC

Principal Place of Business	Mailing Address
	P.O. Box 6101 Palm Harbor FL 34684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 9/5/97 4. FEI Number 59-3464573 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Michael Tagarelli PO Box 6101 Palm Harbor FL 34684	81 Name MICHAEL TAGARELLI 82 Street Address (P.O. Box Number is Not Acceptable) 1200 TARPON WOODS BLVD. # 0/9 83 84 City Palm Harbor FL 85 Zip Code 34685

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ Director, Vice President DATE April 20, 1999
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D.V. PRESIDENT ☐ DELETE		1.1 TITLE → Director & Vice President,	☐ Change ☐ Addition
NAME MICHAEL TAGARELLI ←		1.2 NAME	
STREET ADDRESS PO BOX 6101		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34684		1.4 CITY-ST-ZIP	
TITLE Asst VINCENZA TAGARELLI ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 2606 ALT 19 (President).		2.2 NAME	
CITY-ST-ZIP PALM HARBOR, FL		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: X _____ (727-781-9260) April 20, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #