03-30-1999 90007 007 ***150.00

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 # P97000077571

1. Corporation Name

STRATEGIC INVESTMENT PARTNERS, INC.

Principal Place	of Business	Ma	Mailing Address				(100(100) ite (Brit) (BBIL GBIL ABIL) BBIL (BBIL) 1001 (BBIL)
100 SECOND AVENUE SOUTH 10			00 SECOND AVENUE SOUTH				
#200			#200				DO NOT WRITE IN THIS SPACE
ST PETERSBURG FL 33701			ST PETERSBURG FL 33701 US				3. Date Incorporated or Qualifed
US						·	
		1 3-	Moiling Address				09/05/1997 4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address				59-3471592 Not Applicable
21			Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #, etc.			¬ ''				5. Certificate of Status Desired Fee Required
22 City & State			City & State				£5.00 v. 5
City & State						•	6. Election Campaign Financing 55.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country				This corporation owes the current year Intangible
	25 29 30			_	,		Personal Property Tax.
25 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							10. Name and Address of New Registered Agent
	a. Name and Address of Current	regio			81	Name	
MCINTOSH, TIMOTHY J							
190 112TH AVE N			{			Street	et Address (P.O. Box Number is Not Acceptable)
UNIT #1327							
ST PETERSBURG FL 33716					83		
0112121000110110						City	FL 85 Zip Code
44 Dimeriant	to the providing of Sections 607 0503	and 6	07 1508 Florida Statute	e the at		-named	ed corporation submits this statement for the purpose of changing its registered
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 Signature typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Signature, typed of printed name of registered agent and title II applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.					Agen	i signatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	Direc	DELETE	1.1 TIT	LE		☐ Change ☐ Addition
NAME	MCINTOSH, TIMOTHY		— • • • • • • • • • • • • • • • • • • •	1.2 NA			1
1	The same and the second second second second second					ADDDESS	99
07 0777000170 51 00704				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
CITY-ST-ZIP	SI PETERSBURG PL 33/UT		☐ DELETE	2.1 TIT		1-ZIF	☐ Change ☐ Addition
TITLE			CJ DECE IE	2.2 NA			
NAME						4000000	
STREET ADDRESS				1		ADDRESS	55
CITY-ST-ZIP			☐ DELETE	2.4 C	_	T-ZiP	☐ Change ☐ Addition
TITLE		_	↑ · · · · · · · · · · · · · · · · · · ·	3.1 TIT			
NAME *			-	3.2 NA			
STREET ADDRESS	·					ADDRESS	>>>
CfTY-ST-ZIP			☐ DELETE	3.4. CI		1-ZIP	Change Addition
TITLE				4.1 TI3			
NAME				4. 2 N			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS						ADDRESS	SS
CITY-ST-ZIP	K			4.4 CF		Γ- ZIP	☐ Channa ☐ Addition
TITLE			☐ DELETE	5.1 TII			Change Addition
NAME				5.2 NA			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				5.4 CF		r-ZIP	MAL
TITLE			☐ DELETE	6.1 TIT			Change Addition
NAME	•			6.2 NA			
STREET ADDRESS				6.3 ST	REET	ADDRESS	SS
CITY-ST-ZIP				6.4 CF	TY- \$1	T-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 with all other like empowered.