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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPAF:TMENT OF STATE

## Katherine Harris

Secretary of State DIVIDION OF CORROBATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90067 004 \*\*\*150.00

'	1999	DIVISION OF	CORPORAT			150.00	
i. Corporation	MENT # P970000 IN Name IE REAL ESTATE, INC.	092128				10	1 <b>1</b> 11 1 <b>88</b> 1
Principal Place	e of 8usiness	Mailing Address				. 10110 11907 11010 11017	,
1445-W. <del>- BUS</del> CI	H BLVD.	P O BOX 270253					
TAMPA FL 336	12_	TAMPA FL 33688-0253			DO NOT WRITE IN TH	IS SPACE	
		US			3. Date Incorporated or Qualifed		
					10/27/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Appl ed	For
1 P.O. Box 270253		26			59-3475512	Not /\pp	olicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
2		27			J. Continued of Outlies Business	Fee Require	ed .
City & State		City & State		6. Election Campaign Financing	\$5.00 May		
<u> </u>	mpa, FC	28	Countr		Trust Fund Contribution	Added to Fee	es
3362	Country	Zip	30	y	8. This corporation owes the current year learning Personal Property Tax.	ntangible √DYes []N	lo
4 336	9. Name and Address of Current	29 Registered Agent	30		10. Name and Address of New Registere		
	3. Name and Address of Current	registered Agent	81	Name			
WAF	re, shetikee L. M			24	Address (P.O. Box Number is Not Acceptable)		
2803	3 W. SLIGH AVE., #512	•	82	Street	Address (P.O. Box Number is Not Acceptable)		
TAM	PA FL 33614		83	3			
			84	City		85 Zip Code	
				City	F	L OJ Zip okao	
agent. I a	m familiar with, and accept the obligation		E: Registered Age		equired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIC NS/CHANGES TO OFFICERS		IN 12 Addition
TITLE	DPVS	☐ DELETE	1.1 TITLE			Change	] Addition
NAME	WARE, LEE		1.2 NAME		0 - 6-1 270253		
STREET ADDRE 3S	1445 W. BUSCH BLVD.			T ADDRESS	P.O. BOX 270253 TAMPA, PL 23688		
CITY-ST-ZIP	TAMPA FL 33612 -	Operete	1.4 CITY-1	ST-ZIP	1 AMPa, PC 33400	Change	Addition
TITLE	WADE LEE	☐ DELETE	2.1 TITLE				
NAME	Ware, Lee   14 <del>45 W. Busch Bevo.                                    </del>		2.2 NAME	T ADDRESS	00 AX 270453		
STREET ADDRE 3S	TAMPA FL 33612		2.4 CITY-		P.O. BOX 270253 TAMPA KL 23688		
CITY-ST-ZIP TITLE	TAMPA PL 33012	□ DELETE	3.1 TITLE	51-2IF	JAMES PC - SUL	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4, CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change	] Addition
NAME			4 2 NAME	:			
STREET ADDRESS			4 3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		- Cherry	7 Addition
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	ET ADDRESS			
STREET ADDRESS	1		■ 0.3 STREI	I ADDKESS	1		

14. I heret y certify that the informa ion supplied with this filing does not qualify for the exemption stated in Section 119.0; (3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signat are 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 attactiment with an address, with all other like empowered.

6,4 CITY-ST-ZIP

SIGNATURE: /

CITY-ST-ZIP