

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90230 011 \*\*\*150.00

**DOCUMENT # P98000106007**

1. Corporation Name

**INVESTMENT PROPERTIES TRUST, INC.**



Principal Place of Business

Mailing Address

**4500 U.S. HIGHWAY 92 EAST LOT 225  
LAKELAND FL 33801**

**4500 U.S. HIGHWAY 92 EAST LOT 225  
LAKELAND FL 33801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/22/1998**

4. FEI Number

**59-3555689**

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

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVY, BYERS P  
4500 U.S. HIGHWAY 92 EAST LOT 225  
LAKELAND FL 33801**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **LEVY, BYERS**  
STREET ADDRESS **4429 ARLINGTON PARK DR.**  
CITY-ST-ZIP **LAKELAND FL 33801**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE

NAME **WNEK, MICHAEL**  
STREET ADDRESS **526 HILLSIDE DRIVE**  
CITY-ST-ZIP **AUBURNDALE FL 33823**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **KNAPP, MARVIN**  
STREET ADDRESS **2003 SHORELAND DRIVE**  
CITY-ST-ZIP **AUBURNDALE FL 33823**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE

NAME **KNAPP, RANDALL**  
STREET ADDRESS **17 CASARENA COURT**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE

NAME **DUKE, GERALD W JR.**  
STREET ADDRESS **18420 N.W. 78TH AVE.**  
CITY-ST-ZIP **MIAMI FL 33015**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE

NAME **DUKE, DANNY**  
STREET ADDRESS **2530 N.W. 174TH STREET**  
CITY-ST-ZIP **MIAMI FL 33015**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **Byers Levy** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/99** **941-668-8649**

Date

Daytime Phone #

CR2E034 (11/98)