## 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 # V39639**

1. Corporation Name

**IGNASIAK PROPERTY ACQUISITION CORPORATION** 

										Hil	
Principal Place	of Business	Mailing Add	dress					4,81, 6,	D)) 01911 E+E14	1001	
	COTT FOSTER Drive Suite 1014 Beach FL 32547	C/O WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH FL 32547					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 05/28/1992				
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number	Applied For			
21		26					59-3134030		Not Applic	$\overline{}$	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	5. Certificate of Status Desired				
City & State	9.	City & State				ಶಾಂಗಾ≎್ ಗ	. 6. Election Campaign Financing Trust Fund Contribution		<b>)0</b> -May Be ed to Fees		
Zip	Country Zip Ci			Country	,		8. This corporation owes the current year intangible Personal Property Tax.				
	9. Name and Address of Current	Registered Ag		<u> </u>			10. Name and Address of New Registered Ag	gent			
		,		81	N	lame					
FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE				82	s	itreet Addres	ess (P.O. Box Number is Not Acceptable)				
SUITE 1014			83	t					$\neg$		
FOR	T WALTON BEACH FL 32547			84	Ļ			85 Z	ip Code	$\longrightarrow$	
					ľ	City	FL			}	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508,	Florida Statutes,	the above	e-na the	amed corpor	ration submits this statement for the purpose of chi's board of directors. I hereby accept the appoint	nanging ment as	its registe s registered	red	
agent. I a	m familiar with, and accept the obligation	ons of, Section	607.0505, Florida	a Statutes	<b>.</b>	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Da	mietem# Anen	nt size	nature required t	when reinstating) DATE			- }	
12.	OFFICERS AND	<del> </del>	. (1012.11	13.	nt org	riacaro regoliea	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN	12	
TITLE	PDS		DELETE	1.1 TITLE				Chan		ddition	
NAME /	IGNASIAK, ROBERT L.			1.2 NAME							
STREET ADDRESS	000 140 NAC 17 DD 44044			1.3 STREET	TADO	ORESS					
CITY-ST-ZIP	FT WALTON BEACH FL 32547			1.4 CITY-ST-ZIP							
TITLE	VP		DELETE	2.1 TITLE				Chan	ge ∐A	ddition	
NAME	IGNASIAK, TERESA P	•		2.2 NAME		İ					
STREET ADDRESS	P.O. BOX 289 N/A			2.3 STREET	TADE	DRESS					
CITY-ST-ZIP	FREEPORT FL 32439			2.4 CITY-S	ST- ZII	P				- 1	
TITLE			DELETE	3.1 TITLE				Chan	ge 🗆 A	ddition	
NAME				3.2 NAME			للم يست مستري يجرون المستريد المريد والرابر		- ·	· · •	
STREET ADDRESS		,		3.3 STREET	T ADO	DRESS	•				
CITY-ST-ZIP				3.4. CITY-S	ST-ZII	P _					
TITLE			DELETE	4.1 TITLE				Chan	ige 🗌 A	ddition	
NAME				4,2 NAME		}				1	
STREET ADDRESS				4.3 STREET	TADE	DRESS					
CITY-ST-ZIP				4.4 CITY-S	ST-ZIF	p					
TITLE			DELETE	5.1 TITLE				☐ Char	ge □A	ddition	
NAME				5.2 NAME						1	
STREET ADDRESS				5.3 STREET	TADE	DRESS					
CITY-ST-ZIP	•			5.4 CITY-S	ST-ZU	P					
TITLE			DÉLETE	6.1 TITLE				Char	ige 🔲 A	Addition	
NAME				6.2 NAME							

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

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