

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

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 258983 (6)
 1. Corporation Name
PERSONAL INVESTMENTS INC



Principal Place of Business C/O WASHINGTON COUNTY KENNEL CLUB INTERSECTION HWY 79 & HWY 20 EBRO FL 32437	Mailing Address C/O WASHINGTON COUNTY KENNEL CLUB INTERSECTION HWY 79 & HWY 20 EBRO FL 32437
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3. Date Incorporated or Qualified 05/14/1962	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 6558 Dog Track Rd.	2a. Mailing Address 26 6558 Dog Track Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Ebro, FL	28 City & State Ebro, FL
24 Zip 32437	25 Country Washington
29 Zip 32437	30 Country Washington

4. FEI Number 59-1162937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DEVARES, PAUL
 INTERSECTION HIGHWAY 79 & HIGHWAY 20
 EBRO FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature: Name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DERVAES, PAUL	
STREET ADDRESS	2506 ROCKY POINT AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HESS, LUTHER F	
STREET ADDRESS	10102 WOODSONG WAY	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HESS, STOCKTON R.	
STREET ADDRESS	P.O. BOX 111 N/A	
CITY - ST - ZIP	EBRO FL 32437	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRY L. HESS	
STREET ADDRESS	BOX 111 N/A	
CITY - ST - ZIP	EBRO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATER, ROBERT E. II	
STREET ADDRESS	1330 NEEB ROAD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATER, JOHN M.	
STREET ADDRESS	11508 TRASK S.	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____ **4/28/97** **904-234-3943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)