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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	MENT # P25831 INVESTMENTS, INC.	(9)			
Principal Place	e of Business	Mailing Address		I CONTINUE TIE ILLE ALIEN TOTAL BUTTER	Aton dibin gront bibit Graft anon tool
1430 GULF BLV	/D	1430 GULF BLVD			
		402 CLEARWATER FL 34630-2858	402 OLEADWATED EL 94690 9668		
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
				08/24/1989	07/05/1996
	ace of Business OUFBIVE	2a. Mailing Address	PBIVO	4. FEI Number 51-0319140	Applied For Not Applicable
Suite, Apt.	#, etc,	Suite, Apt. #, etc.	(1 <b>7</b>	Certificate of Status Desired	\$8.75 Additional
22	402	27 9	0 —	5. Certificate of Status Desired	Fee Required
City & State	nuaten El.	City & State	water FC	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 C/E/4	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for	710000 10 1000
24 346	30 25 USA	29 34630 30	~ <i>i. ~</i> ~	Florida Statutes	Yes TVo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	glatered Agent
PATTERSON, GLORIA J 81 Name					
1	GULF BLVD 402		82 Street Addre	ess (P.O. Box Number is Not Acceptat	Die)
CLEARWATER FL 34630			63	- Noch	orge
			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, accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature type or period name of registered agent and like it applicable (NOTE: Registered Agent					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSD	DELETE	1.1 TITLE		L. Change L. Addition
NAME	PATTERSON, GLORIA J.		1.2 NAME		
STREET ADDRESS	1430 GULF BLVD 402 CLEARWATER FL	34630	1.3 STREET ADDRESS		
CITY-ST-7IF	1 A D W .	Desert	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	GLONIA J. PA 1430 GULF BIVE	Herson	22 NAME	34	
STREET ADDRESS	1430 GulF BIVE	1 402	2.3 STREET ADDRESS		
C(BY-S1-ZII)	CLEARWATER	, EL 34630	2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Print	3.4. CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
City+SF-ZiP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME.			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
THTLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		į

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 of the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if char

CITY - ST - ZIP

FILED

Apr 29 1997 8:00am

Secretary of State