

**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 # S32127**  
1. Corporation Name  
**ASTUTE INVESTMENTS CORP**

Principal Place of Business: 7213 GREENSVILLE COURT ORLANDO FL 32819  
Mailing Address: 7213 GREENSVILLE COURT ORLANDO FL 32819

**FILED**  
99 JAN 22 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/15/1991**

4. FEI Number: **65-0251622**  
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: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
Zip: 24 Country: 25  
City & State: 28  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **SUSSER, ARTHUR 7213 GREENSVILLE COURT ORLANDO FL 32819**

10. Name and Address of New Registered Agent: 81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): **700002755647--4** 83 City, State, Zip: **-01/26/99--01100--012 \*\*\*\*150.00 \*\*\*150.00 FL 85 Zip Code** 84 City: [Blank]

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: JELKE, JOHN STREET ADDRESS: 1940 NE 118TH ROAD CITY-ST-ZIP: NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Arthur Susser 1.3 STREET ADDRESS: 7213 Greenville Court 1.4 CITY-ST-ZIP: Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SUSSER, ARTHUR STREET ADDRESS: 7213 GREENSVILLE COURT CITY-ST-ZIP: ORLANDO FL 32819	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: John Jelke 2.3 STREET ADDRESS: 1940 NE 118th Rd 2.4 CITY-ST-ZIP: North Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SUSSER, EILEEN STREET ADDRESS: 7213 GREENSVILLE COURT CITY-ST-ZIP: ORLANDO FL 32819	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: Samuel Damato, Grand Vacation Club, #104 3.3 STREET ADDRESS: 4500 Biscayne Blvd. 3.4 CITY-ST-ZIP: Miami, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: SUSSER, KATHLEEN STREET ADDRESS: 7213 GREENSVILLE COURT CITY-ST-ZIP: ORLANDO FL 32819	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: T ASD 4.2 NAME: Eileen Susser 4.3 STREET ADDRESS: 7213 Greenville Court 4.4 CITY-ST-ZIP: Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE: SD 5.2 NAME: Kathleen Susser 5.3 STREET ADDRESS: 7213 Greenville Court 5.4 CITY-ST-ZIP: Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **A. Susser, Pres.** A: Susser, President 1-20-98 407 363-9495  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000003

CR2E034 (11/98)