

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V03639 (4)

1. Corporation Name
436 INVESTMENTS, INC.

Principal Place of Business: **401 E SEMORAN BLVD CASSELBERRY FL 32707**

Mailing Address: **401 E SEMORAN BLVD CASSELBERRY FL 32707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 750 N. Maitland Ave.		01/02/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Maitland, Florida		59-3115037	
24 Country		29 32751		Applied For	
		30 Orange		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name Randall C. Smith, Esq.			
				82 Street Address (P.O. Box Number is Not Acceptable) 750 North Maitland Avenue,			
				83			
				84 City Maitland		85 Zip Code 32751	

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]* **Randall C. Smith** DATE: **2-3-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VEIGLE, JAMES P			12 NAME	Nancy Voegtlin		
STREET ADDRESS	401 E SEMORAN BLVD			13 STREET ADDRESS	401 E. Semoran Blvd		
CITY-ST-ZIP	CASSELBERRY FL 32707			14 CITY-ST-ZIP	Casselberry, FL 32707		
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VEIGLE, CHARLES			22 NAME			
STREET ADDRESS	401 E SEMORAN BLVD			23 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707			24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

SIGNATURE: *[Signature]* **Nancy Voegtlin, Sec 1/21/98 407-767-2977**

CR2E084 (10/97)