SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **199**8 **DIVISION OF CORPORATIONS**

FILED Oct 01 1998 8:00am Secretary of State

DOCU	MENT # K05833	(4)			
1		(*)			
A1A INV	ESTMENTS, INC.				
				1 18646411 844 88481 84461 (8480 A) A A A A A A A A A A A A A A A A A A	
Principal Plac	of Rutinass	Mailing Address			
L					
106 CHRISTINE CIRCLE 106 CHRISTINE CIRCLE 555A ROSEWOOD COURT 555A ROSEWOOD COUR			r		
SATELLITE BEACH FL 32937 SATELLITE BEACH		SATELLITE BEACH FL 32		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
9 505-45-15	Name of Processing	1 6- 14 11		12/09/1987	
2. Principal Place of Business 2a.		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2857497	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	curr en t year I <u>nta</u> ngible
24	[25]	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent FOLKSEPALISSE PHILIP 81 Name					
FOUGEROUSSE, PHILIP 134 FIFTH AVENUE			V. Hame		_
SUITE 102			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
INDIALANTIC FL 32903			83		
With the office of the office					
	•		84 City	F	85 Zip Code
11. Pursuan	to the provisions of sections 607.0502	and 607.1508, Florida Statut	es, the above-named corpo	pration submits this statement for the purpose or ion's board of directors. I hereby accept the ap	changing its registered
office or agent. I	regist ere d agent, or both, in the State of am iliar with, and accept the obligation	of Florida. Such change was tions of, section 607.0505, F	authorized by the corporat lorida Statutes.	ion's board of directors. I hereby accept the ap	poi ntm ent as registered
SIGNATURE					
Signature, typed or printed name of registered event and title if applicable (NC 12. OFFICERS AND DIRECTORS			OTE: Registered Agent signature rec	· · · · · · · · · · · · · · · · · · ·	
TITLE	P OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	- - - - - - - - - -
NAME	PIKE, DON	L DELETE	1.2 NAME	•	L Change Addition
STREET ADDRESS	555A ROSEWOOD COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH,F		1.4 CITY-ST-ZIP		:
TITLE	V -	DELETE	2.1 TITLE		Change Addition
NAME	all e n, donald e.	<u></u>	2.2 NAME		Circugo C Producti
STREET ADDRESS	s 403 HIGHWAY A1A #232		2.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		2.4 CITY-ST-ZIP		
TITLE	ST :	DELETE	3.1 TITLE		Change Addition
NAME	NEMETH, CHRISTINE M.		3.2 NAME		
STREET ADDRESS	921 GOLDEN BEACH BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH,F	<u> </u>	3.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS	.4		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Channa Addition
NAME	•	L_J 0LCL1E	5.2 NAME		Change Addition
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 of 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 ctinged, or on the stated in address.

13 OHRS II HAR 777 STACL