**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 133485

THEO IN	IVESTMENT COMPANY, IN	C.						
Principal Place	e of Business	Mailing Addre	ess			[ 158141 11048 11108 (1111 A100) 19101 (111)	414 A1214 A1214 A1211	#:#!! BIBI!   188!
2576 SE 32ND PLACE OCALA FL 34471 6874 US  2576 SE 32ND PLACE OCALA FL 32671 US						DO NOT WRITE IN T	HIS SPACE	
00						3. Date Incorporated or Qualifed	_	
						12/04/1936		
Principal Place of Business     2a. Mailing Address			tdress			4. FEI Number	<u> </u>	pplied For
21		26				59-0860238		Additional
Suite, Apt.	#, etc.	— — · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	¥	tequired
City & Stat	re		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 the current year		□No
24	25	29	30	<u> </u>		Personal Property Tax.  10. Name and Address of New Registe.	Yes	
	9. Name and Address of Curre	nt Registered Agei	<u></u>	81	Name	10. Haine and Address of New Register	CG Agont	
CON	ISTANTINE, GREGORY JR							
2576 SE 32ND PLACE				82 Street Address (P.O. Box Number is Not Acceptable)				
OCALA FL 34471-6874				83				
				84	City		85 Zip	Code
							FL     `	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig-	e of Florida. Such ch	ange was autho	onzed by	the corpora	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e or changing its pointment as re	s registered egistered
SIGNATURE							_	
40	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS				t signature requi	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	S DELETE		13.		ADDITIONAL OF THE PARTY OF THE	☐ Change		
NAME			1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS			Į	
CITY-ST-ZIP	00.114.51		1.4 CITY-SI	r-zip		_		
TITLE	TD	☐ DELETE 2.1		2.1 TITLE			☐ Change	☐ Addition
NAME	18 (10 10 25) 0. (10 2		2.2 NAME	ì			)	
STREET ADDRESS	5133 \$ GREENWOOD #1		2.3 STREE1	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP				
TITLE	VD			3.1 TITLE			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS	OLUMNIOV AAA		3.3 STREET		-		Maria Sara	
CITY-ST-ZIP	_		3.4. CITY-ST-ZIP			Change	Addition	
TITLE	CONSTANTINE, GREGORY JF			4.1 NAME				
NAME STREET ADDRESS	ACTA OF ACUID DI ACE	1.		4.3 STREET	ADDRESS			1
CITY-ST-ZIP	OCALA FL			4.4 CITY-S	i		\	
TITLE			DELETE	5.1 TITLE		•	☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			DELETE	6.1 TITLE		•	☐ Change	Addition
NAME				6.2 NAME				1
STREET ADDRESS				6.3 STREET	FADORESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

GREGORY

CONSTANTINE JAMAR, 10, 1999

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90106 042 \*\*\*150.00