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Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 261912 (0)

1. Corporation Name
SUZANNE INVESTMENTS, INC.



Principal Place of Business

Mailing Address

C/O MORRIS & MORRIS, P.A.
8315 SAN JOSE BLVD
JACKSONVILLE FL 32257
US

C/O MORRIS & MORRIS, PA
P.O. BOX 56375
JACKSONVILLE FL 32241-6375
US

3. Date Incorporated or Qualified
08/16/1962

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 C/O MORRIS & MORRIS, P.A.

26

4. FEI Number
59-1009100

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 3500 CARDINAL POINT DR. SUITE 1

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23 JACKSONVILLE, FL

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24 32257

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL, SUZANNE M.
1008 RIO ST. JOHNS DRIVE
JACKSONVILLE FL 32211

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, 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	PTS	<input type="checkbox"/> DELETE
NAME	PAUL, SUZANNE M.	
STREET ADDRESS	1008 RIO ST. JOHNS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)