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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

1. Corporation	MENT # 392359 IS INVESTMENT CORP.	(6)			áir Brbhí Brbhí Brain Brbhí athr
Principal Place	e of Business	Mailing Address		E CODIOS DIRES CONTO HADOS EN DE CHIAD LANC MINISTER SE	<u> </u>
C/O MORLEY		C/O MORLEY			
9455 BAY HARBOR TERR 4-N BAY HARBOR ISLD FL 33154		9455 BAY HARBOR TERR 4-N BAY HARBOR ISLD FL 33154		DO NOT WRITE IN THIS	S SPACE
D.11 18111901				3. Date Incorporated or Qualified	
				12/06/1971	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.	the six and all the six and si	59-1461128	Not Applicable \$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 c	
24	25	29	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
110	Name and Address of Current ORLEY, LIZA	r meðisteten Aßetir	81 Name	IV. ITAIIIE AIIU AUGIESS OI ITEM REGISTERE	• Whant
	55 BAY HARBOR TERR. 4N			(0 C D M	
BAY HARBOR FL 33154			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			B3		
			84 City		85 Zip Code
				F	L `
office or re agent. I a	to the provisions of Sections 607.0507 ogistored agent, or both, in the State i m familiar with, and accept the obliga	of Florida. Such change was	s authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered ages	ntanointen itapptable (No	OTE: Registered Agent signature requ	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	COVO, JOSEPH	[_] OELETE	1.1 TITLE		Change Addition
NAME	9455 BAY HARBOR TERR 4N		1.2 NAME		
STREET ADDRESS	BAY HARBOR FL		1.3 STREFT ADDRESS 1.4 CHTY-ST-ZIP		
CITY-ST-ZIP TITLE	V	DELETE	2110115		Change Addition
NAME	COVO, MATILDE		2 2 NAME		
STREET ADDRESS	9455 BAY HARBOR TERR 4N		2.3 STREET ADDRESS		
CITY-ST-ZIP	B AY HARBOR FL		2 4 CITY-S1-ZIP		
TITLE	T	DELETE	3.1 TITLE		Change Addition
NAME	MORLEY, LIZA		3.2 NAME		
STREET ADDRESS	9455 BAY HARBOR TERR 4N		3.3 STREET ADDRESS		
City-St-ZIP	BAY HARBOR FL	Dones	3.4. CITY-ST-ZIP		Change Addition
TETLE		[_] OFFEE	4 1 TITLE		L Change L Addition
NAME EXECUTADOUGE			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP			5.4 CHY-S1-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$T-ZIP	partity that the information or maked with	the thire filmer done not exertify	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated	on this annual report or supplemental	Lannual report is true and a	ccurate and that my signatu	i Section 119.07(3)(), Fiorida Statutes. Fitution i are shall have the same legal effect as if made i aufred by Chapter 607. Florida Statutes: and tha	under oath; that I am an 🔠

Angle IF 20 Block 12 or Block 13 if changed, or on an attachment with an address.