


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

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90077 003 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 507618**  
 1. Corporation Name  
**INVESTMENTS, ETC., INC.**



Principal Place of Business P.O. BOX 6534 LAKE WORTH FL 33466	Mailing Address 2421 24TH LANE GREENACRES FL 33463
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/21/1976</b>	
21	22	26	27	4. FEI Number <b>59-1679761</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>LATOWSKI, ALAN</del> <del>5920 38TH STREET SOUTH</del> <del>GREENACRES FL 33463</del>				81 Name	<b>JOHN PAGLIALUNGO</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>2421 24TH LANE</b>		
				83			
				84 City	<b>FL</b>	85 Zip Code	<b>33463</b>

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: *John Paglialungo* **JOHN PAGLIALUNGO** DATE: **4-1-99**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD</b>		1.2 NAME		
STREET ADDRESS	<b>LATOWSKI, ALAN</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>5920 38TH STREET SOUTH</b>		1.4 CITY-ST-ZIP		
	<b>GREENACRES FL 33463</b>		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.2 NAME		
NAME	<b>DV</b>		2.3 STREET ADDRESS		
STREET ADDRESS	<b>PAGLIALUNGO, JOHN</b>		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	<b>2421 24TH LN.</b>		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>LAKE WORTH FL 33463</b>		3.2 NAME		
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
NAME			3.4 CITY-ST-ZIP		
STREET ADDRESS			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			4.2 NAME		
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
NAME			4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			5.2 NAME		
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
NAME			5.4 CITY-ST-ZIP		
STREET ADDRESS			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			6.2 NAME		
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
NAME			6.4 CITY-ST-ZIP		
STREET ADDRESS					
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.

SIGNATURE: *John Paglialungo* **JOHN PAGLIALUNGO** DATE: **4-1-99** DAYTIME PHONE #: **561-433-3360**

CR2E034 (1.1/198)