FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 606711

	NVESTMENT COMPANY, INC						
Principal Plac		Mailing Address		•			
3262 LKS WASHINGTON ROAD MELBOURNE FL 32934-7620 US 3262 LKS WASHINGTON I MELBOURNE FL 32934-7620 MELBOURNE FL 32934-7620 US				DO NOT WRITE I	N THIS SPACE		
					3. Date Incorporated or Qualifed	•	
					01/16/1979		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For
21 26				59-2796294	No	ot Applicable	
		Suite, Apt. #, etc.	suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional
22 27				S. Commonto di Carino	Fee Re	equired	
├ ─ `		City & State	y & State		6. Election Campaign Financing	·	May Be
23 28			Country		Trust Fund Contribution	Added t	to Fees
24	25	29	30	•	8. This corporation owes the current y	year Intang⊯le ☑ Yes	□No
24	9. Name and Address of Current		1301		Personal Property Tax. 10. Name and Address of New Regi:		
			81	Name			
GEO	PRGE, VERLON H.	•	-		(DO B. N N		
[©] ∴ 3262	LKS WASHINGTON ROAD		82	Street Addre	ess (P.O. Box Number is Not Acceptable))	
***	·	*****	83				1.1 111
MEL	BOURNE FL 32934		0.4	0.1		1221 20	
			84	Çity	•	FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	e-named corpo	oration submits this statement for the purp	pose of changing its	registered
US agent. I a	egistered agent, or both, in the State o im familiar with, and accept the obligati	it Florida. Such change was a ons of, Section 607.0505, Flor	uthorized by rida Statutes.	the corporatio	on's board of directors. I hereby accept the	e appointment as re	gistered
	. ,						
SIGNATURE						•	
SIGNATURE	Signature, typed or printed name of registered agent			nt signature required		DATE	
12.	OFFICERS AND	DIRECTORS	13.	nt signature required	d when reinstating)	ERS AND DIRECTO	
12.	OFFICERS AND		13.	nt signature required			DRS IN 12
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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

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90024 019 ***150.00

407-259-5506

CR2E034 (11/98)