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

DOCUMENT # 631404

(1)

FIVELA	ND INVESTMENTS, INC.				j
Principal Plac	e of Business	Mailing Address			ı
400 MADISON	n drivé	400 MADISON DRIVE			
SUITE 200 SUITE 200			DO NOT WRITE IN THIS SPACE		
SARASOTA FL 34236		SARASOTA FL 34236 US		3. Date Incorporated or Qualified	
"		•		07/31/1979	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied Fo	or
21		26		59-1879953 Not Applic	
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired S8.75 Additions	9i
22		27		Fee Required	
City & State	₿	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	,
Zip	Country	Zip	Country		
24	25	· '	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
1841	9. Name and Address of Curre	nt Registered Agent	[90]	10. Name and Address of New Registered Agent	
ABATE, ANTHONY 81 Name					
240 S PINEAPPLE AVE			B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL FL 34236			Olived Addi	1035 (1.0. Box Hamber is Hat Abooptable)	
			83		
i			84 City	■a 85 Zip Code	
			,	FL '	
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.					
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505, Flo	rida Statutes.	more source of differents. Thereby accept the appointment as register	00
SIGNATURE					1
12.	Signature, typed or printed name of registered ag	pent and title if applicable (NOTE ND DIRECTORS	Registered Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Change Add	
NAME	S CHWARTZ, EUGENE	<u></u>	1,2 NAME		
STREET ADDRESS	245 GREAT NECK RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY		14 CITY-ST-ZIP		
TITLE	R	DELETE	2.1 TITLE	☐ Change ☐ Adx	dition
NAME	STEFFENS, THEODORE C.		2.2 NAME		
STREET ADDRESS	400 MADISON DRIVE STE 20	00	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	· 	DELETE	3.1 TITLE	Change Add	dition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		į
CITY-ST-ZIP		DELETE	3.4. CHTY-ST-ZIP	Change Add	dition
TITLE		ריין הערניוג	4.1 TITLE	Change Add	HOUR
NAME CTREET ADDOCCC			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Ado	dition
NAME			5.2 NAME	Barret - Cristright - Barret 1 1905	
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ĺ
TITLE		DELETE	6.1 TITLE	Change Add	dition
NAME			6.2 NAME		J
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP	L 		6.4 CITY-ST-ZIP		

I. 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 13 if changed or on an attachment with an address.

SIGNATURE

THEODORE C. STEFFENS

4/15/08 941-268.358

FILED

May 06 1998 8:00am

Secretary of State