FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **690898** **(2)**

1. Corporation Name
MR. INVESTOR, INC.

Principal Place of Business
2110 CLEVELAND AVENUE
FORT MYERS FL 33901

Mailing Address
2110 CLEVELAND AVENUE
FORT MYERS FL 33901

3. Date Incorporated or Qualified **06/11/1981**
3a. Date of Last Report **09/21/1995**

4. FEI Number **59-2251174** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

21	2. Principal Place of Business
22	Suite, Apt. #, etc.
23	City & State
24 / 25	Zip / Country
26	2a. Mailing Address
27	Suite, Apt. #, etc.
28	City & State
29 / 30	Zip / Country

9. Name and Address of Current Registered Agent

LISZEWSKI, LEONARD L.
2110 CLEVELAND
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDV	☐ DELETE	1.1 TITLE	Richard S. LEVY Vice Pres	☐ Change ☒ Addition
NAME	LEVY, KIM		1.2 NAME		
STREET ADDRESS	2110 CLEVELAND AVE.		1.3 STREET ADDRESS	2110 Cleveland Ave	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Fort myers FL. 33901	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, KIM		2.2 NAME		
STREET ADDRESS	2110 CLEVELAND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 added above.

SIGNATURE: Kim Levy Kim LEVY 3-26-96 941-334-0128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
President

CR2E034 (12/95)