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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F14902

1. Corporation Name

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

EDEN ÎV	IVESTMENTS, INC.						
Principal Place	e of Business	Mailing Address					
1406 BERSHIRE DRIVE (BRANDON) P.O. BOX 320549 TAMPA FL 33679		1406 BERSHIRE DRIVE (BRANDON) P.O. BOX 320549 TAMPA FL 33679			DO NOT WRITE IN THIS SPACE	_	
<u>.</u>		سيهاف الحضواح والمستهداء				3. Date Incorporated or Qualifed	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For	
21		26			NOT APPLICABLE Not Applicable	•	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	ļ	
22		27			Fee Required	_	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be	1
23		Zip Country			Trust Fund Contribution Added to Fees	\dashv	
Zip Zip		Zip 30	-	ıry		8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24	9 Name and Address of Current		<u>'l</u>			10. Name and Address of New Registered Agent	7
Name and Address of Current Registered Agent				1 Name			
COVINGTON, DECARR D., JR.			Ļ	0 01	(D.C. C. N. Harris Net Assertable)		-
1406 BERKSHIRE DRIVE			8	82 Street Address (P.O. Box Number is Not Acceptable)			
BRA	NDON FL 33511		8	33			
				4 City		85 Zip Code	\dashv
						FL <u>} </u>	
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	Signature, typed or printed name of registered agent	ALOTE: Pa	vietered A	gent eignature	required:	when reinstating) DATE	۱,
_12	OFFICERS AN		13.	gent signature	required	- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ع ا
TITLE	P	☐ DELETE	1.1 TITLE	Ē		☐ Change ☐ Additi	on 3
NAME	COVINGTON, DECARR D. JR		1.2 NAME		1		1 3
STREET ADDRESS 1406 BERKSHIRE DRIVE			1.3 STREET ADDRESS		;		ļ
CITY-ST-ZIP	T-ZIP BRANDON FL		1.4 CITY-ST-ZIP				}
TITLE	V\$ DELETE		2.1 TITLE			☐ Change ☐ Additi	on S
NAME	COVINGTON, JOYCE C		2.2 NAMÉ				
STREET ADDRESS	REET ADDRESS 1406 BERKSHIRE DRIVE		2.3 STREET ADDRESS		i		
CITY-ST-ZIP			2.4 CITY-ST-ZIP				_
TITLE	PED DIP	☐ DELETE	3.1 TITLE			☐ Change ☐ Additi	ווט
NAME	COUNGTON, DOL	iglits, L.	3.2 NAM				
STREET ADDRESS	COUNCION, DOUGLAS, L. ETADDRESS 1406 BERKSHIRE DRIVE 1804 BON, PL.		3.3 STREET ADDRESS		3		
CITY-ST-ZIP	YZDANDON, PLI		3.4. CITY-ST-ZIP			☐ Change ☐ Additi	on I
TITLE	1	☐ DELETE	4.1 TITLE		•		
NAME			4. 2 NAM				-
STREET ADDRESS				EET ADDRESS '_ ST_ ZID	<u>`</u>		

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 exporation 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.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

SIGNATURI

Change

Change

☐ Addition

Addition