FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:13

DOCUMENT # **F36059** **(6)**

1. Corporate Name
BUSINESS INVESTMENTS CORPORATION

Principal Place of Business
2501 MANDAN TRAIL
WINTER PARK FL 32789

Mailing Address
2501 MANDAN TRAIL
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1981**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or P.O. Box — 22
Suite, Apt. # or P.O. Box — 27
City & State — 23
City & State — 28
Zip — 24 County — 25
Zip — 29 County — 30

4. FEI Number: **59-2129631** — 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 assets or transacts business in Florida subject to the excise tax under Ch. 607.1622 Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
ROBINSON, HOWARD J
2501 MANDAN TRAIL
WINTER PARK FL 32789

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 Section 607.0505(2) 1989 Florida Statutes the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The character of its business, keeping the appointment of registered agent in force, and complying with the laws of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	P
Name	ROBINSON, HOWARD J
Street Address	2501 MANDAN TRAIL
City, St, Zip	WINTER PARK, FL 00000

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

Title	[ ] Change [ ] Addition
Name	
Street Address	
City, St, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, St, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, St, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, St, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, St, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, St, Zip	

RECEIVED

14. I hereby certify that the information supplied with this report is substantially accurate and that I am qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on the annual report or supplemental annual report filed herewith 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 this report is delivered to the Department of State for filing with or without fee.

SIGNATURE: [signature] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0040781 CP