## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

NEW SOUTH INVESTMENTS INC

**FILED** Mar 05 1998 8:00am Secretary of State

1000								
Principal Plac	e of Business	Mailing Address			t jagelag tiet dieft tiete ginnt iftild tie	e dense biller	OLALI GLAL	e Bedet biber en at
C/O GEORG		C/O GEORGE IHLE						
1033 CASSAT AVENUE 1033 CASSAT AVENUE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205					DO NOT WRITE IN THIS SPACE			
			•		3. Date Incorporated or Qualified			
					10/28/1981			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
		26			59-2143209			Not Applicable
Suite, Apt.	#, <b>9</b> (C.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Stat	0	City & State	· <u>-</u>		6. Election Campaign Financing			00 May Be
3		28						ed to Fees
Zip	Country	Zip	Country	y	8. This corporation owes or has paid		ent year Yes	Intangible
4	25 9. Name and Address of Curren	29 29 Agent	30		Personal Property Tax due June 3 10. Name and Address of New Reg			LJ NO
114	LE, GEORGE		81	Name				
	33 CASSAT AVENUE		-	04	(S.O. B. 1)			
	ACKSONVILLE FL 32205		82 Street		Idress (P.O. Box Number is Not Acceptable)			
			83					
			84	City			85 Z	ip Code
				1		FL		•
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	l2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abov authorized b orida Statute	e-named cor y the corpora s.	poration submits this statement for the pu tion's board of directors. I hereby accept	rpose of the appo	changin pintment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE	E: Registered Ag		poration submits this statement for the pu tion's board of directors. I hereby accept ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE	E: Registered Age			DATE	DIRECT	ORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AND	ant and title if applicable. (NOTE	13.		ired when reinstating)	DATE		ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AND VTD IHLE, GEORGE	ant and title if applicable. (NOTE	13. 1.1 TITLE	ent signature requ	ired when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND VTD IHLE, GEORGE 738 RIVER RD	ant and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature requ	ired when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND VTD IHLE, GEORGE 738 RIVER RD ORANGE PARK, FL 00000	ont end title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ent signature requ	ired when reinstating)	DATE RS AND	DIRECT	ORS IN 12 je
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CITY-ST-ZIP 14. Thereby 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Addition