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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # F95000005042 (5)

1. Corporation Name

INTERNATIONAL INVESTMENTS OF WEST VIRGINIA, INC.

Principal Place of Business	Mailing Address
3620 NW 43RD ST SUITE F GAINESVILLE FL 32606-8100	3620 NW 43RD ST SUITE F GAINESVILLE FL 32606-8100

2. Principal Place of Business
21 100 South Ashley Drive
Suite, Apt. #, etc.
22 Suite 1260
City & State
23 Tampa Florida
Zip 24 33602 Country 25 U.S.A.

2a. Mailing Address
26 100 South Ashley Drive
Suite, Apt. #, etc.
27 Suite 1260
City & State
28 Tampa Florida
Zip 29 33602 Country 30 U.S.A.

3. Date Incorporated or Qualified: 10/17/1995
3a. Date of Last Report: NA
4. FEI Number: 55-0690765 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BARTOLETTA, JOHN J
3620 NW 43RD ST
SUITE F
GAINESVILLE FL 32606-8100

10. Name and Address of New Registered Agent
81 Name: BARTOLETTA, JOHN J.
82 Street Address (P.O. Box Number is Not Acceptable): 741 MAINSAIL DRIVE
83
84 City: TAMPA FL 85 Zip Code: 33602

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

TITLE	CP	[ ] DELETE
NAME	BARTOLETTA, JOHN J	
STREET ADDRESS	3620 NW 43RD ST, SUITE F	
CITY-ST-ZIP	GAINESVILLE FL 32606-8100	
TITLE	V	[X] DELETE
NAME	MERRIAM, WILLIAM R	
STREET ADDRESS	PO BOX 12415 (N/A)	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 4/18/96 (813)272-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)