

**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 JAN 13 AM 10:11

DOCUMENT # **G50187** (5)

1. Corporation Name  
**MISSION INVESTMENTS, INC.**

Principal Place of Business: **915 MIDDLE RIVER DR. #508 FORT LAUDERDALE FL 33304**  
Mailing Address: **915 MIDDLE RIVER DR. #508 FORT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/12/1983**  
3a. Date of Last Report: **02/03/1994**  
4. FEI Number: **59-2309636**  
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

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

9. Name and Address of Current Registered Agent  
**AGEE, JON  
915 MIDDLE RIVER DR., #508  
FORT LAUDERDALE FL 33304**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	AGEE, JON
STREET ADDRESS	915 MIDDLE RIVER DR. #508
CITY, ST, ZIP	FT LAUD, FL 00000
TITLE	S
NAME	AGEE, SUSAN
STREET ADDRESS	915 MIDDLE RIVER DR. #508
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	VP
NAME	JOHNSTON, WALTER
STREET ADDRESS	1243 NW 14TH COURT
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	AS
NAME	REBMANN, RAMONA
STREET ADDRESS	1243 NW 14TH COURT
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 as an attachment with an addition.

SIGNATURE: **Jon Agee** 01 07 95 305 566 2933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON BULLETIN