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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G50187**

1. Corporation Name
MISSION INVESTMENTS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/12/1983

2. Principal Place of Business	2a. Mailing Address
21 915 MIDDLE RIVER DRIVE	26 915 MIDDLE RIVER DRIVE
Suite, Apt. #, etc. 22 SUITE 512	Suite, Apt. #, etc. 27 SUITE 512
City & State 23 FORTLAUDERDALE, FL	City & State 28 FORT LAUDERDALE, FL
Zip / Country 24 33304 25 USA	Zip / Country 29 33304 30 USA

4. FEI Number: 59-2309636 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

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: AGEE, JON
82 Street Address (P.O. Box Number is Not Acceptable): 915 MIDDLE RIVER DRIVE
83: SUITE 512
84 City: FORT LAUDERDALE FL 85 Zip Code: 33304

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 _____ Feb 22, 1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	AGEE, JON		1.2 NAME		
STREET ADDRESS	915 MIDDLE RIVER DR.#508		1.3 STREET ADDRESS	915 MIDDLE RIVER DRIVE # 512	
CITY-ST-ZIP	FT LAUD, FL 00000		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	AGEE, SUSAN		2.2 NAME		
STREET ADDRESS	915 MIDDLE RIVER DR.#508		2.3 STREET ADDRESS	915 MIDDLE RIVER DRIVE # 512	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSTON, WALTER		3.2 NAME		
STREET ADDRESS	1243 NW 14TH COURT		3.3 STREET ADDRESS	2650 ALOE AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE	AS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	REBMANN, RAMONA		4.2 NAME		
STREET ADDRESS	1243 NW 14TH COURT		4.3 STREET ADDRESS	2650 ALOE AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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, with all other like empowered.

SIGNATURE: _____ REGION AGEE, PRESIDENT Feb 22, 1999 (954) 566-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)