

DOCUMENT # G50187	
1. Entity Name MISSION INVESTMENTS, INC.	

Principal Place of Business 915 MIDDLE RIVER DRIVE SUITE 512 FORT LAUDERDALE FL 33304 US	Mailing Address P.O. BOX 7358 FT. LAUDERDALE FL 33338 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent
AGEE, JON 915 MIDDLE RIVER DRIVE SUITE 512 FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

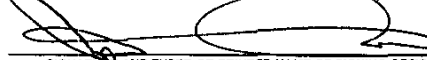
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	DPT ☐ Delete
NAME	AGEE, JON
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 512
CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE	S ☐ Delete
NAME	AGEE, SUSAN
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 512
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	VP ☐ Delete
NAME	JOHNSTON, WALTER
STREET ADDRESS	2650 ALBE AVENUE
CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	AS ☐ Delete
NAME	REBMANN, RAMONA
STREET ADDRESS	2650 ALBE AVENUE
CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	2650 ALOE AVENUE
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	2650 ALOE AVENUE
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:		JON AGEE, PRESIDENT	JAN 6, 2001	954 566 2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90026 035 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2309636	Applied For
		Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

CR2E034 (10/00)