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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G77480

(3)

FILED						
May 15	1997	8:00am				
Secretary of State						

	INVESTMENTS, INC.			112.00		
Principal Piac C/O CHERYL K 5815 N. DALE I TAMPA FL 3361 US	(ILCOYNE Mabry Hwy	Mailing Address C/O CHERYL 5815 N. DALE MABRY HW' TAMPA FL 33614-5605 US	Y		Date Incorporated or Qualific	ed <b>3a.</b> Date of Last Report
					12/30/1983	08/08/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	<b>†</b> 610	Suite, Apt. #, etc.		·	59-2508546	Not Applicable  S8.75 Additional
22	11,000	27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	
23   Zip	Country	<b>28</b>	Cour	ntry	Trust Fund Contribution  8 This corporation has liability	Added to Fees for intaggible tax under s. 199.032.
24	25	29	30	,	Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent
	OYNE CHERYL C			81 Name	<del>0</del>	ĺ
	5 N. DALE MABRY HWY PA FL 33614		ŗ	82 Street	t Address (P.O. Box Number is Not Accep	otable)
*****			t	63		714741
		,		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statul	es, the ab	ove-name	d corporation submits this statement for the	
office or r	registered agent, or both, in the State	of Florida, Such change was a drops of Section 607,0505. Florida and pro-	authorized	by the co	d corporation submits this statement for the proporation's board of directors. I hereby ac	cept the appointment as registered
SIGNATURE						
	Squalus, typed or proted name of registered ages		·····	Agent signatu	re required when reinslating)	CATE
12. 1.ILE	OFFICERS AND	DELETE DELETE	13.	F	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition
NAME	KILCOYNE CHERYL CURRIE	hand product	1,2 NAJ			E Silvingo E Silvingo
STREE! ADDRESS	5815 N DALE MABRY			REET ADDRESS		]
Crty-St Zip	TAMPA FL		1	Y-ST-ZIP		
*IILF	ST	DELETE	2.1 1(1)			☐ Change ☐ Addition
NaMi	KILCOYNE DAVID F		2.2 NA	VIE		
STREET ADDRESS	2505 S DUNDEE		23 STF	REET ADDRESS	; <b>.</b>	ł
CHY-51 ZIF	TAMPA FL		2.401	Y-ST-ZIP		
1011	D CHOOLE OF THE M	DELETE	3.1 7171	L <b>E</b>		Change Addition
NAME	CURRIE CHARLENE M		3.2 NAI	ME		
STREET ADDRESS I	5709 TRAFTON PLACE BETHESDA MD		3.3 STF	EET ADDRESS	•	}
CHY-ST-ZIP	D D D D	Print		ry-ST-ZIP		
TITLE ,	JOHNSON JEAN CURRIE	DELETE	4.1 7(1)			Change Addition
NAME	1211 PLANTATION DRIVE		4.2 NA		J	,
STHEET ADDRESS	SIMPSONVILLE SC			IEET ADDAFSS	)	ļ
CITY-ST-Zil"		DELETE	5.1 TIT	Y · ST · ZIP		Change Addition
NAME			5.2 NAI		1	Summer - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
STREET ADDRESS			1	111. IEET ADDRESS		}
CITY - ST - ZIP			1	1221 AQUNESS Y-ST- <i>Z</i> IP		į
THEF		DELETE	617171			Change Addition
NAME			62 NA			
STREET ADDRESS				reet address	; [	
City St. 709			6.4 CIT	Y - \$T - <b>Z</b> IP		
	by cortify that the information supplied	with this filing does not quali			stated in Section 119.07(3)(i), Florida Sta	tutes. 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:

0361614