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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90025 013 ***150.00

DOCUI	MENT # G78391	1					
1. Corporation	INVESTMENTS, INC.						
Principal Place of Business Mailing Address) (BIBIL BIBIL DIBIL 1	FI DEL GLUIL 1984
6132 MERRILL RD 6132 MERRILL RD							
STE 12		STE 12		DO NOT WRITE IN T	HIS SDACE		
JACKSONVILLE FL 32211		JACKSONVILLE FL 32211 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
US		03			01/06/1984		
2 Dringing D	long of Business	2a. Mailing Address			4. FEI Number	An	plied For
2. Principal Place of Business		26			59-2374866		Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	
22		27			5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	Vlay Be
23		28			Trust Fund Contribution	Added	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	_
24	25	29	30		Perso all Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent	
050	CDV MINIMA D ID		81	Name			
CESERY, WILLIAM R. JR			82	Street A 1d	ress (P.O. Bo (Number is Not Acceptable)		
	MERRILL RD STE 12						
JACI	(SONVILLE FL 32211		83				
			84	City		. 85 Zip (ode
					•	L 3 210	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	⇔f Florida. Such change was at	ithorized by:	the corporate	poration subm ts this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
	m familiar with, and accept the obliga	arions of, Section 607.0505, For	iua Statutes.	•			
SIGNATURE	Signature, typed or printed name of registered age	or (and title if applicable. (NO E:	Registered Agen	t signature recuire	ed when reinstating DATE		
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	CESERY, WILLIAM R. JR		12 NAME				
STREET ADDRESS	6132 MERRILL RD STE 12		1.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32211		1.4 CITY-ST	T-ZIP			
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	CESERY, BARBARA H.		2.2 NAME				
STREET ADDRESS	6132 MERRILL RD STE 12	,	2.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32211		2. 4 CITY-S	T-ZIP			
TITLE	STD	☑ DELETE	3.1 TITLE			Change	Addition
NAME	TAYLOR, MARTHA C		3.2 NAME				ľ
STREET ADDRESS	=		3.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4. CITY-S	T-ZiP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4 2 NAME				
STREET ADDR ESS			43 STREET				
CITY-ST-ZIP			4 4 CITY-ST-ZIP			Chance	Addition
TITLE		☐ DELETE	51 TITLE			Change	
NAME			52 NAME	ADDDEED			
STREET ADDR ESS			53 STREET				ļ
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST 6.1 TITLE	1-ZIP	·	Change	Addition
TITLE	<u></u>					change	L Mannon
NAME			62 NAME	ADDDECO			
STREET ADDRESS			63 STREET	AUDRESS			l

64 CITY-ST-ZIP CITY-ST-ZIP 14. I here by 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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attagenment with an address, with all other like empowered

SIGNATURE: