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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H38108

(7)

ATHENS INVESTORS, INC. Principal Place of Business Mailing Address 1133 4TH STR 1133 FOURTH ST STE 300 DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 SARASOTA FL 34236 3. Date incorporated or Qualified 01/15/1985 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2488691 26 Not Applicable Suite. Aprt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 | Name SANCHEZ, ALBERT A., JR. 1133 4TH STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 807,1508, 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 Loand 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 Signature, typen or printed name of registered agent and title if applicable NOTE Registered Agant agriature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition 1 Channe TITLE 11 TITLE **BLUMBERG, JERRY** 12 NAME NAME R2E034 1432 FLOWER DRIVE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-57-70P 14 GifY - \$1 - ZIP DELETE Change Addition IME 2 1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADJRESS ### ST- 26 2 4 OTTY - ST - AP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ACIDEESS 3.3 STREET ADDRESS CITY-ST-2P 3.4. CITY - ST - 74P Change Aridition DELETE 4.1 HTLF 4. 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS COTY - ST- ZiP 4.4 G(TY+31+Z)P DELETE Change Addition TOTALE STORE S.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-SI-78 5.4 CITY-SY-ZIP DELETE 6.1 fi7) E Change Addition NAME 62 NAME 63 STREET ADORESS 6.4 CITY-51-ZIP

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this aurual report or supplemental armusi report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 13 if changed, or on an employment with an address.

SIGNATURE:

FILED

Jan 21 1998 8:00am

Secretary of State