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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996	
DOC	JMENT	#

H53483

(4)

INVESTMENTS UNLIMITED HOLDING CORPORATION

Principal Place of Business

Mailing Address



20 Sulte, Apt. #, etc. Sulte,	95 Applied For Not Applicable Additional Required May Be d to Fees
Suite, Apt. #, etc.	Not Applicable Additional Required May Be d to Fees
Sulfte, Apt. #, etc. Sulfte, Apt. #, etc. Sulfte, Apt. #, etc. 27	Additional Required O May Be d to Fees
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9. Name and Address of Current Registered Agent SUMMERTON, ALAN 2862 SHADOW WOOD CT. KISSIMMEE FL 34746 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zirent Address of Sections 607.0502 and 607.0502 and 607.0503 and 607.0503 and 607.0503 its roor 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed have a change agent and tile Lappletite. (NOT:: Registered Agent signature required when reinstating). DATE	
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	agent. ram
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO)BS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PTD DELETE 1.1 Table Change	☐ Addition
NAME SUMMERTON, ALAN 1.2 NAME	
STREET ADDRESS 2862 SHADOW WOOD CT. 1.3 STREET ADDRESS	
CHY-ST-ZIP KISSIMMEE FL 14 CHY-ST-ZIP	
TITLE PD DELETE 2 1 TITLE Change	Addition
NAME SUMMERTON, JANET 22 NAME	
STREET ADDRESS 2862 SHADOW WOOD CT. 23 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL 2.4 CITY-ST-ZIP	
TITLE S DELETE 3.1 TITLE Change	Addition
NAME JULIE LEVENGWOOD 3.2 NAME	
STREET ADDRESS 2903 PRINCE OAK CT 3.3. STREET ADDRESS	
CITY-S1-ZIP ST. CLOUD FL 3.4 CITY-S1-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5 1 TITLE Change	☐ Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-SI-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	
NAME 6.2 NAME	Addition
STREET ADDRESS 6.3 STREET ADDRESS	Addition
CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statut	Addition

I do hereby certify that the information supplied with this litting is voluntarily furnished and obes not qualify for the exemption stated in Section 1.9.07 (s)(x), Florida Statutes, Florida certify that the information indicated on this 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 a truttachment with an address.

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIAG TOR. Daylor & Prove Prove