FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H89082 (2)

1. Corporation Name
CIF INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
624 EAGLE WATCH LANE OSPREY FL 34229	624 EAGLE WATCH LANE OSPREY FL 34229

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1985
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21 409 Walls Way
22 Suite, Apt. #, etc.
23 City & State: Osprey, Florida
24 Zip: 34229
25 Country: USA

2a. Mailing Address
26 409 Walls Way
27 Suite, Apt. #, etc.
28 City & State: Osprey, Florida
29 Zip: 34229
30 Country: USA

4. FEI Number: 59-2612527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JENSEN, G.W.
624 EAGLE WATCH LANE
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name: Jensen G.W.
82 Street Address (P.O. Box Number is Not Acceptable): 409 Walls Way
83
84 City: Osprey FL 85 Zip Code: 34229

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 board 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	JENSEN G.W.	12 NAME	Jensen, G.W.	
STREET ADDRESS	624 EAGLE WATCH LANE	13 STREET ADDRESS	409 Walls Way	
CITY-ST-ZIP	OSPREY FL	14 CITY-ST-ZIP	Osprey, FL 34229	
TITLE	STD	21 TITLE	STD	☒ Change ☐ Addition
NAME	JENSEN, FLORENCE	22 NAME	Jensen, Florence	
STREET ADDRESS	624 EAGLE WATCH LANE	23 STREET ADDRESS	409 Walls Way	
CITY-ST-ZIP	OSPREY FL	24 CITY-ST-ZIP	Osprey, FL 34229	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	KEYSER, STEPHEN B	32 NAME		
STREET ADDRESS	1515 RINGLING, 10TH FL, STE 1000	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	delete	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: G.W. Jensen G.W. Jensen 3-29-95 813-966-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348936 CP