

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

FILED

Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H89161 (4)

1. Corporation Name

~~ARIPEKA INVESTMENT PROPERTIES, INC.~~
HOLDINGS INVESTMENTS, INC.

Principal Place of Business

C/O RICHARD W. BAKER CPA
1803 U.S. 19
HOLIDAY FL 34691
US

Mailing Address

C/O RICHARD W. BAKER CPA
1803 U.S. 19
HOLIDAY FL 34691-5536
US

3. Date Incorporated or Qualified

12/09/1985

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, RICHARD W.
1803 US HWY 19
HOLIDAY FL 34691

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	SPEER, RICHARD	1803 US HWY 19	HOLIDAY FL	<input checked="" type="checkbox"/>
ST	HUMPHRIES, J. BOB	501 E. KENNEDY BLVD.	TAMPA FL	<input type="checkbox"/>
D	SPEER, ROY M	1803 US HWY 19	HOLIDAY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
AS	J. Bob Humphries	501 E Kennedy Blvd	TAMPA, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D	ROY M SPEER	1803 US 19	HOLIDAY FL 34691	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T/D	RICHARD W BAKER	1803 US 19	HOLIDAY FL 34691	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby 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 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:

Richard W. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Date

Daytime Phone #

CR2E034 (9/96)