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**

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90069 028 ***150.00

DOCUMENT # H95954

INVESTV	VARE CORPORATION											
Principal Place	e of Business	Ma	aiting Address					f 1881811 blid i Brat brein saint n		ili Albii sini	, migit 91911-1081	
11356 WEST STATE ROAD 84 11356 WEST STATE ROAD 84 DAVIE FL 33325-4000 US US								DO NOT WRITE IN THIS SPACE				
03		00					ŀ	3. Date Incorporated or Qualifed				
•							1	01/27/1986			1	
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number		1	Applied For	
21		26						59-2705689			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27								5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State								6. Election Campaign Financing \$5.00 May Be				
23			28					Trust Fund Contribution Added to Fees				
Zip				Cour	Country			This corporation owes the current year intangible				
24	25	25 29 30						Personal Property Tax.				
	9. Name and Address of Curren	t Regis	tered Agent					10. Name and Address of New	Registered /	<u>igent</u>		
TDAI	ID DIAME				81	Name					ĺ	
TRAUB, DIANNE 13220 SW 32ND COURT DAVIE FL 33330					82	Street	t Address (P.O. Box Number is Not Acceptable)					
DAVI	E FL 33330]	83							
					84	City			FL	85 Zip	Code	
		2 + + 4 C	07 1E09 Florida Statut	an the of	201/0	namad	corpor	ation cubmits this statement for the		hanging i	ts registered	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid tions of,	fa. Such change was a Section 607.0505, Flo	uthorized rida Statu	by tes.	the corpo	oration's	s board of directors. I hereby acce	pt the appoin	tment as	registered	
SIGNATURE									DATE			
						t signature r	requirea w	hen reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12	
12.	P DELETE			_	13.		Ch/	urman	TIOLICO AIT	Change	e Addition	
NAME	TRAUB, ELLIS JR.			1.2 NA		,		(1. //.///				
}	ACCOUNT ACCOUNT					ADDRESS						
STREET ADDRESS	DAVIE FL 33330			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			•					
CITY-ST-ZIP TITLE	VPT		☐ OELETE	(2.1 TITLE		\ \	Pre	sident		Change	e 🔲 Addition	
NAME	TRAUB, DAVID T		_	2.2 NA			, , , , , , , , , , , , , , , , , , , ,			•		
STREET ADDRESS	12030 CEDAR BLUFF				2.3 STREET ADDRESS						}	
CITY-ST-ZIP	TALLAHASSEE FL 32310				2.4 CITY-ST-ZIP							
TITLE	ST		☐ DELETE.	3.1 TIT				ب		_ Change	e Addition	
NAME	TRAUB, DIANNE	_		3.2 NAME				•				
STREET ADDRESS	13220 S.W. 132ND COURT				3.3 STREET ADDRESS			•			}	
CITY-ST-ZIP	DAVIE FL 33330			3.4. CI								
TITLE			☐ DELETE	4.1 TIT						☐ Change	e Addition	
NAME				4. 2 N/	AME							
STREET ADDRESS				4.3 ST	REET	ADDRESS	1					
CITY-ST-ZIP				4.4 CF	TY-ST	r-ZIP						
TITLE			☐ DELETE	5.1 TITLE						Change	e Addition	
NAME				5.2 NA	ME						ļ	
STREET ADDRESS				5.3 \$1	REET	ADDRESS					ļ	
CITY-ST-ZIP				5.4 CI		T- ZIP						
TITLE	☐ DELETE		6.1 TI	TLE					☐ Change	e		
NAME				6.2 NA	ΜE		Į				ļ	
STREET ADDRESS				6.3 ST	REET	ADDRESS						

CITY-ST-ZIP 14. I 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 an antiachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR