

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

FILED

Apr 21 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **J13545** (5)
1. Corporation Name
BANKERS INVESTMENT CORPORATION



Principal Place of Business
~~203 WORTH AVE~~
~~SUITE 201~~
~~PALM BEACH FL 33480~~
~~US~~

Mailing Address
PO BOX 322
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

| | | | | |
|---|--|--|------------------------------------|--|
| 2. Principal Place of Business 21 616 TEAL AVE. 22 Suite, Apt. #, etc. 23 CELEBRATION, FL 24 334747 25 USA | 2a. Mailing Address 26 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country | 3. Date Incorporated or Qualified 05/09/1986 | 4. FEI Number 59-2772907 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARCE, P.C.
~~4126 WELLINGTON WOODS CIRCLE SUITE 202~~
~~KISSIMMEE FL 34741~~
616 TEAL AVE.
CELEBRATION, FL 34747

| | |
|---|-----------------------|
| 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | P | 1.1 TITLE | ADDRESS X <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEARCE, P.C. | 1.2 NAME | |
| STREET ADDRESS | 4126 WELLINGTON WOODS CIRCLE SUITE 202 | 1.3 STREET ADDRESS | 616 TEAL AVE |
| CITY-ST-ZIP | KISSIMMEE-FL | 1.4 CITY-ST-ZIP | CELEBRATION, FL 34747 |
| TITLE | D | 2.1 TITLE | ADDRESS X <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLIVER, D.M. | 2.2 NAME | |
| STREET ADDRESS | 2047 KEEL COURT SUITE 207 | 2.3 STREET ADDRESS | 10219 ALTA VISTA AVE #311 |
| CITY-ST-ZIP | LANTANA FL | 2.4 CITY-ST-ZIP | TAMPA, FL 33647 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 its 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:  **P.C. PEARCE** **4-10-98 (561)832-9441**

CR2E034 (10/97)