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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14 1997 8:00am Secretary of State

1. Odiporono	MENT # J35846 INVESTMENTS, INC.	(1)						
Principal Place of Business Mailing Address						8) 1010 1010 1010 1010 1010 1010 1010 1010 1010 1010 1010 1010 1010 1010 1010		810)1 IIBI
% ICARD, MER 5170 S.TAMIAN SARASOTA FL		% ICARD. MERRILL. CULLIS. TIMM & FUREN 5170 S.TAMIAMI TR. SARASOTA FL 34231-4258		Date Incorporated or Qualified	3a. Date of	Last Re	eport	
					10/01/1986	05/01/1		
2. Principal P	lace of Business	2a. Malling Address			4. FEI Number	·	Ap	plied For
21	# - 1 ·	26			59-2777377			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		6.75 A Fee Re	Additional
Cily & Stat	0	City & State			6. Election Campaign Financing			May Be
:3		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax u	ınder s.	199.032,
4	25	29	30			Yes No		
	9. Name and Address of Curren		81	Name	10. Name and Address of New Re	gistered Agen	1	m.,
- ICAI	rd, Merrill, Cullis, Timm & F	UREN	\ °'	Name				
200 SOUTH WASHINGTON BLVD.			B2	Street Add	ress (P.O. Box Number is Not Acceptab	ile)	J	
SAH	ASOTA FL 33577		83					
			64	City		FL 85	Zip C	Code
CICMATUDE	egistered agent, or both, in the State in familiar with, and accept the obligation segnature, typic or priviled name of registered age		s authorized by t Florida Statules. OTE: Registered Agent			DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
FillE	STD	DELETE	1.1 TITLE	- 1		L) (Change	
NAME	TEEL, KAREN DARBY		1.2 NAME					
STREET ADDRESS	5170 S TAMIAMI TRAIL		1.3 STREET A					
CITY ST ZIF	SARASOTA FL DP	DELETE	1.4 CITY-ST- 2.1 TITLE	- ZIP			Change	Addition
NAME	DARBY, C. CONRAD	L. DICCIC	2.1 HILE 2.2 NAME			<u> </u>	si mari ili c	- AUDITOR
STREET ADDRESS	5170 S. TAMIAMI TR.		2.3 STREET A	DDRESS	•			
CITY - ST - ZIP	SARASOTA FL		2.4 CITY-ST					
TITLE	**************************************	☐ DELETE	3.1 TITLE	-			Change	☐ Addition
NAME			3.2 NAME				-	
STREET ADDRESS			3.3 STREET A	DDRESS				
CHY-ST-ZIF			3.4. CITY+ST	- ZIP				
THE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A	1				
Cify-St-7iP		The letter	4.4 CITY-ST-	ZIP		<u> </u>	Chan	1 2270
TOTALE		☐ DELETE	, 5.1 TITLE	1		1	Change	Addition
NAME CHARLET AMORILOS			5.2 NAME	nonese				
STREET ADDRESS			5.3 STREET A					
CHY-ST-ZIF TITLE		DELETE	5.4 CITY-ST- 6.1 TITLE	-ZIP			Change	Addition
NAME		Land DECERT	6.2 NAME	1		' لـــا	Minninge	- Auditori
				DODECC				
STREET ADDRESS			6.3 STREET A	DOUGS				

64 CRY-ST-ZIP

14. I do horeby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF BIGMING OFFICER OR DIRECTOR

4/7/97 941-922-153/ Daytime Priorie 4