FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS (4)DOCUMENT # J40304 INVESTMENT GROUP, INC. Principal Place of Business Mailing Address % JAMES E. WURDEMAN W JAMES E. WURDEMAN 4200 W CYPREGO 4000-4200 W CYPRESS #800 TAMPA PL 89007-TAMPA FL 33607-4168 3. Date Incorporated or Qualified 10/30/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2728789 100 N. TAMPA ST 100 N. TAMPA ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired SHITE 2150 SUITE City & State City & State 6. Election Campaign Financing TAMPA TAMPA 28 Trust Fund Contribution

FILED May 12 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

813-226-1180

4-25-27

Not Applicable

05/01/1996

Zip		Country	Zip_	Cou	Country		8. This corporation has liability to	r intangible i	tax under	s. 199.032,		
24 336	502	2 25 29 33602		30			Florida Statutes XYes No					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 110. Name												
Wurdeman, James E.						Name						
4200 W CYPRESS; #800 -						Street	Address (P.O. Box Number is Not Accept	able)				
TAMPA FL 83807						100 N. TAMPA ST, SUME 2150						
						City			85 Zip	p Code		
						0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AMPA	FL		3602		
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, typod or printed name of registored agent and title diapplicable (NOTE: Rog Sered Agent signature required when reinstating) DATE												
Signature, typod or printed name of registored agent and title d applicable (NOTE: Rog stere 12. OFFICERS AND DIRECTORS 13.												
TITLE	DELETE				LF		D, P, T, S		Change			
NAME	WIRDEN	MAN, JAMES E.		1.2 N			WURDEMAN, JAMES F.		E. Ontango	7.00.11011		
STREET ADDRESS		CYPRESS., #800		1			100 NITAMPA ST. Su.	те 215	To .	j		
CITY-ST-ZIP	TAMPA I			4	3 STREET ADDRESS 4 CHY-ST-7IP		TAMPA, FL 33602					
TITLE	77 4117 7 1 7	the state of the s			-3 [1.514	14441, 16 3500		Change	Addition		
NAME				2.2 N/				,				
STREET ADDRESS				1		ADDRESS				Ì		
CITY-ST-ZIP				2.4 C			·			l		
TITLE			DELETE	3.111	~				Change	Addition		
NAME				3.2 N/	ME					Į		
STREET ADDRESS				3.3 [5]	REE1 A	ADDRESS				· ·		
CITY-ST-ZIP				3 4. 0	ΠY-S	T-ZIP						
TITLE			DELETE	4.1 11	II E				Change	: 🔲 Addition		
NAME				4.2 N	AME					ĺ		
STREET ADDRESS				4.3 \$1	REET	ADDRESS				,		
CITY-ST-ZIP				4.4 CI	1Y-S1	- 7IP						
TITLE			DELETE.	5.1 1/	LE			ŀ	Change	Addition		
NAME }				5.2 N/	Μŧ	i						
STREET ADDRESS				. 53 ST	AEET A	address ([
CITY-ST-ZIP				5.4 CI	1Y-\$1	- 2 IP						
TITLE			DITETE	6.1 TI	LE			ı	Change	Addition		
NAME				6.2 NA	ME)		
STREET ADDRESS				6.3 SI	REET	ADDRESS				Ì		
CITY-ST-ZIP	<u></u>			6.4 CI								
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), Fiorida 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												