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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # J63072



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90001 023 ***158.75

BLAKER INVESTMENT COMPA	ANY							
Principal Place of Business	Mailing Address			4 IMPILIO OLI PERILITE IL ILI PERILI IMPILIO IL STATIO				
222 W COMSTOCK AVE SUITE 200 WINTER PARK FL 32789	P.O. BOX 2231 Winter Park FL 32790-2231 US	WINTER PARK FL 32790-2231		DO NOT WRITE IN THIS SPACE				
US				3. Date Incorporated or Qualifed				
				03/23/1987		·		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	L	Applied For		
21	26			59-2777078		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			=5:- Certificate of Status Desired		75 <u>Additional — —</u> ee Required		
City & State	City & State		 	6. Election Campaign Financing		.00 May Be		
23		28		Trust Fund Contribution		ded to Fees		
Zip Country	— — — — — — — — — — — — — — — — — — —	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.				
24					10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent			Name	10. Hame and Address of New Adgress				
POOLE, MICHAEL W.		81	, realino					
222 W COMSTOCK AVE		82	Street Addres	Address (P.O. Box Number is Not Acceptable)				
SUITE 200		83				ŀ		
WINTER PARK FL 32789		84	City	FL 85 Zip Code				
office or registered agent or both in th	607.0502 and 607.1508, Florida Statutes, the a e State of Florida. Such change was authorize e obligations of, Section 607.0505, Florida Sta	a bv	the corporation	ration submits this statement for the purpose 's board of directors. I hereby accept the app	of changi ointment	ng its registered as registered		

SIGNATURE									
SIGNATIONE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	istered Agent signature required when reinstating)	DATE						
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition						
NAME	POOLE, MICHAEL W.	1.2 NAME							
STREET ADDRESS	222 W. COMSTOCK AVE, SUITE 200	1.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP							
TITLE	V □ DELETÉ	2.1 ΠΤLΕ	☐ Change ☐ Addition						
NAME	CARBONE, NICHOLAS JR.	2.2 NAME							
STREET ADDRESS	=222 W. CONSTOCK AVE, SUITE 200	2.3 STREET ADDRESS	. • •						
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP							
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition						
NAME	•	3.2 NAME	J						
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP	•	3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition						
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADORESS	₹ .						
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition						
NAME		5.2 NAME							
STREET ADDRESS	i	5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE	Change Addition						
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS	ĺ						
CITY-ST-ZIP		6.4 CITY-\$T-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 changes, of an adtactment with an address, with all other like empowered.

SIGNATURE: