



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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K07271 (5)					
1. Corporation Name P.B.M. INVESTMENTS, INC.					
Principal Place of Business 8130 BAYMEADOWS WAY W. #302 JACKSONVILLE FL 32256			Mailing Address 8130 BAYMEADOWS WAY W. #302 JACKSONVILLE FL 32256-4432		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1987	
21. 1777 N.E. Expressway		26. 1777 N.E. Expressway		3a. Date of Last Report 05/20/1996	
22. Suite 145		27. Suite 145		4. FEI Number 59-2859849	
23. Atlanta GA		28. Atlanta GA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. 30329		29. 30329		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. USA		30. USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHNEIDER, RETO J. 8130 BAYMEADOWS WAY WEST STE 302 JACKSONVILLE FL 32256			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			85. Zip Code		
			FL		
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 _____ DATE _____ <small>Signature of person providing name of registered agent and file if applicable (NOTE: Registered Agent signature required when retaining)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME BRATSCHI, PETER			1.2 NAME		
1.3 STREET ADDRESS 8130 BAYMEADOWS WAY W.			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP JACKSONVILLE FL			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME SCHNEIDER, RETO J.			2.2 NAME		
2.3 STREET ADDRESS 8130 BAYMEADOWS WAY W			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP JACKSONVILLE FL			2.4 CITY-ST-ZIP		
3.1 TITLE <input checked="" type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME SCHNEIDER, MONIQUE			3.2 NAME		
3.3 STREET ADDRESS 8130 BAYMEADOWS WAY W			3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP JACKSONVILLE FL			3.4 CITY-ST-ZIP		
4.1 TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME KOLEOS, DAVID J			4.2 NAME		
4.3 STREET ADDRESS 8130 BAYMEADOWS WAY, WEST, STE. 302			4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP JACKSONVILLE FL			4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		
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), 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, changed, or on attachment with an address.					
SIGNATURE:  DAVID J. KOLEOS					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4/9/97

405-636-6788