Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90060 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # K07271					
1. Corporation	NVESTMENTS, INC.					
r.D.W. II	NVESTIVIENTS, INC.				4 1881 BALL BALL BRILL 1881 BALL 1888 1881 1888 1881 BALL	JA MARIN MINNA MINAK MANDA ASMIT AMAK
Principal Place of Business Mailing Address						15 B1851 B1811 81831 B1811 B1811 1881
1117 NE EXPRESSWAY #145 1777 NE EXPRESSWAY						
ATLANTA GA 30329 STE 145						WA AD LOS
US		ATLANTA GA 30329 US			DO NOT WRITE IN TH	IS SPACE
		UŞ			3. Date Incorporated or Qualifed 12/14/1987	
2. Principal P	tace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-2859849	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22		27			5, Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country			8. This corporation owes the current year		
24	25		10		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	u Agent
SCH	neider, reto J.		Ľ			
8130 BAYMEADOWS WAY WEST			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
STE 302			83			
JACKSONVILLE FL 32256						
			84	City	F	85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above	e-named co	progration submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State of	′ Florida. Such change was aut	horized by	the corpora	ation's board of directors. I hereby accept the app	ointment as registered
	m familiar with, and accept the obligation	ons of, Section 607.0303, Fionic	ia Statutes			
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: R	legistered Ager	nt signature requ	uired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE 1.1 T				☐ Change ☐ Addition
NAME			1.2 NAME			Ì
STREET ADDRESS			1.3 STREE	FADDRESS		
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME	00,1112,000,000		2.2 NAME			
STREET ADDRESS			2.3 STREE			
CITY-ST-ZIP			2.4 CITY-5	T-ZIP		☐ Change ☐ Addition
TITLE	·		3.1 TITLE			☐ Change ☐ Addition
NAME	ATT NE EVODEONIAN OTE AAE		3.2 NAME			
STREET ADDRESS	ATLANTA OA		3.3 STREET	İ		
CITY-ST-ZIP TITLE			3.4. CITY-S 4.1 TITLE	11-ZIP		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-S			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			. –
STREET ADDRESS			5.3 STREET	TADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	6.1 TITLE	,		Change Addition
NAME			6.2 NAME			}

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 suppliemental 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 of the receiver or trustee employeed 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 or an attaction with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP