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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K97416

FLORIDA INVESTORS REAL ESTATE CORPORATION

FILED 98 JUN -5 7/110: 1/6



Principal Place			iling Address BONNIE J BEHLER			
P.O. BOX 114	1		O. BOX 1141			
PALM CITY FL 34990		PALM CITY FL 34990				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 06/23/1989
—	ace of Business	har 119	Mailing Address			4. FEI Number Applied For
21		26	0 1 4 1 4 1			65-0128168 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State		27	City & State			6. Election Campaign Financing \$5.00 May Be
23	-	28	,			Trust Fund Contribution Added to Fees
Zip	Country		Zipi	Country	· · · · · · · · · · · · · · · · · · ·	This corporation owes or has paid the current year Intengible
24	25	29		30		Personal Property Tax due June 30. Yes No
	Name and Address of Curre	nt Regist	ered Agent		T	10. Name and Address of New Registered Agent
	ZOTTE KIM			81	Name	KM BEZOTTE
	COLORADO AVE			82	Street Addr	dress (P.O. Box Number is Not Acceptable)
ς επ	JART FL 34994				727	2 CHIPPEWA CIKI
-				83		
				84	1501,	UNTON BCH FL 85 Zip Code 33736
11. Pursuant t	to the provisions of Sections 607.05	92 and 60	07.1508, Florida Sta t	utes, the above	e-named corp	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. Fai	m fa miliar with, and accept the obliq	ations of,	Section 607.0505, I	Florida Statuto	s.	anon's board of directors. Thereby accept the appointment as registered
SIGNATURE						
	Signature typed or printed name of my steed at OFFICERS AN				ent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	DP OFFICERS AF	NDIDIREC	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	BEZOTTE, KIM			1.2 NAME		
STREET ADDRESS	P.O. BOX 1141 N/A				I ADDRESS	
CITY-ST-ZIP	PALM CITY FL			1.4 CITY-		
TITLE			DELETE	2.1 TITLE	×	Addition Addition
NAME				2.2 NAME		500002553526-449° -06/03/3801124004
STREET ADDRESS				2.3 STREE	T ADDRESS	****150.00 ****150.00
CITY-ST-ZIP				2 4 CITY-	S1-71P	* ************************************
TITLE			DELETE	3.1 T/TLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 S1REE	I ADDRESS	
CITY+ST-ZIP				3 4. CHTY -	ST-ZIP	
TITLE			☐ DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME	I	
STREET ADDRESS				4.3 STREE	T ADDRESS	
CITY-ST-ZIP			T 57155-	4.4 CITY-	ST - 7IP	Tours Transco
TITLE			☐ D€LETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS					1 ADDRESS	\wedge
CITY-ST-ZIP			DELETE	5.4 CITY-	ST - 7IP	Change / V Addition
TITLE			L.J DELETE	6.1 TITLE		
NAME OTREET ARRESON				6.2 NAME	T ADDOCCO	- 12 18 10
STREET ADDRESS					T ADDRESS	10121
CITY-ST-ZIP	notification the information consultant	anth Oxic fi	ling close not curditu	6.4 CITY-		o Section 119 07/3/(i) Florida Statutos I further certify that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the informatio indicated on this annual report or suppliemental annual coport 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 reuslee 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, proportion on an attachment with an addrops.