SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

14. I hereby certify that the information supplier indicated on this ennual report or supplient an officer or director of the corporation of in Block 12 or Block 13 if changed or on an

ittachment with an address.

Aug 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (6)TEX INVESTMENT CORPORATION Principal Place of Business Mailing Address 1095 N A1A 1095 N A1A JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/29/1989 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65:0150336 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ___Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name GARY, JOHN W III 701 U.S. HWY. ONE, STE. 402 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 83 Zip Code 84 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. 1 1 TITLE TITLE DELETE Change Addition HANES, DAVID NAME 1.2 NAME **1095 NORTTH A1A** 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME ROGERS, LAURA 2.2 NAME STREET ADDRESS 1095 N A1A 23 STREET ADDRESS JUPITER FL 33477 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITL€ TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE DELETE TITLE ☐ Change ☐ Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-\$T-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ___ Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP CITY-ST-ZIP

with this filing does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information in all annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am held receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

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