FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

1996 DOCUMENT # 1 12022

(3)

1. Corporation	REST INVESTMENT CORPO	(-)				
Principal Place of Business		Mailing Address	Mailing Address			18
2900 SUN BITTERN COURT WINDERMERE FL 34786		2900 SUN BITTERN COURT WINDERMERE FL 34786				
					3. Date Incorporated or Qualified 08/24/1989	3a. Date of Last Report 03/17/1995
2. Principal Place of Business		2a. Mailing Address 26	<u>├</u> ¬ -		4. FET Number 59-2967676	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country Zip 29		Country 30		8. This corporation has liability for int	angible tax under s 199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	glstered Agent
			81	Name		
	ENTICE-HALL CORPORATION S	YSTEM INC.	82	Street	Address (P.O. Box Number is Not Acceptable))
1201 HAYS STREET			83			
SUITE 1			83	'i		
TALLAHASSEE FL 32301			84	City		FL 85 Zip Code
or register familiar wit	to the provisions of Sections 607,050, ed agent, or both, in the State of Flori th, and accept the obligations of, Sections Stgrature typed or printed name of registered again				orporation submits this statement for the purpor board of directors. I hereby accept the appoin	ose of changing its registered office intment as registered agent. I am
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1. 1 TITLE			Change Addition
NAME	CHANG, KYUNG SOOK		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY-			
TITLE		D DELETE 21			P,S,T,D chang, Dale U. 2900 Sun Bittern Ct	Change 🔲 Addition
NAME	CHANGE, DALE U.		22 NAME C		Chang, Dole U.	
STREET ADDRESS	2900 SUN BITTERN COURT		<u>I</u>		2000 SIM BITTERY CT	
CHTY - ST - ZIP THTLE	WINDEMERE FL	DELETE	2 4 CITY - 3 1 TITLE	ST-ZIF	Windermere FL 3479	Change Addition
NAME	-		3 2 NAME			Till A range Till Machall
STREET ADDRESS			. H	T ADDRESS		
CITY-ST-ZIP	■ i		3.5 SINC			
TRILE	- Delete		4. 1 TITLE	5. <u>2.</u>		Change Addition
NAME		_	4.2 NAME			
STREET ADDRESS			P	1 AUDRESS		
CITY-ST-ZIP			4.4 CITY -	ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE			Change Addition
NAME	52		5 2 NAME			
STREET ADDRESS	DRESS		53 STREE	T ADDRESS		
CHY-ST-Z-P			5.4 CITY-	S1-ZIP		
THLE	□ DELETE 6		6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63STREE	T ADDRESS		
CITY - ST - ZIP	CHY-ST-ZIP			S1-21P		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 15 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAM ING OFFICE OR DIRECTOR 4/15/96 (407)290-0336