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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L25547

(5)

INVEST GROUP, INC.

FILED Apr 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						-	FIEL BILL		4 (F 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
ONE LAKE AVENUE PO BOX 6997 LAKE WORTH FL \$3460 US										
		•				3. Date Incorporated or Qualified 10/25/1989	1	ate of Last /29/199 6	•	
	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For]
	MANDR FOREST BLID	-				65-0182196			Not Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27	27			5. Certificate of Status Desired	Feo Required			
City & State	iton beach, FL	City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country		_h		ountry		8. This corporation has liability for i			s. 199.032,	
8. Name and Address of Curr		X 29				Florida Statutes Yes No 10. Name and Address of New Registered Agent				-
		it Registered Agent		81	Name	10. Name and Address of New Ne	Jistereo	Agent		-
	itila, tapid 4 manor forest blvd.		ļ]
			82	Street Addre	eet Address (P.O. Box Number is Not Accept				1	
801	YNTON BEACH FL 33462			83	·-· · · · · · · · · · · · · · · · · · ·					-
·					·			· · · · · · · · · · · · · · · · · · ·		
			Į	84	City		FL	[85] Zij	p Code	ĺ
11. Pursuant 1	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the ab	oove-	named corpo	oration submits this statement for the p	urpose o	f changing	its registered	1
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Statu	i by utes.	the corporation	on's board of directors. I hereby accep	t the app	pointment a	is registered	
SIGNATURE										1
	Signature, typed or printed name of registered age			Agen	it signature require	o when reinstating)	DATE			ے ا
12.				13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change		90/0/
TITLE	PD HILLY	∟ otttit	1.1 TITLE 1.2 NAME					□ Criange	ADDIBUT	Α.
NAME OTOGET ADORESC	KYROLA, JUKKA				ADDRECC					R2F034
STREET ADDRESS CITY-ST-ZIP	7894 MANOR FOREST BLVD. BOYNTON BEACH FL		1.3 STHEFT ADDRESS 1.4 CITY-S1-7IP							Ü
TITLE	STD	DELETE	2111		· //r			Change	Addition	ქნ
NAME	ANTILLA, TAPID	<u>-</u> -	2.2 NAME							
STREET ADDRESS	7894 MANOR FOREST BLVD.	2.3		2.3 STREET ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL		2, 4 01	1Y - S1	r- ZIP					}
TITLE		DELETE	3.1 111	LE				Change	Addition	
NAME			3.2 NA	ME	1					
STREET ADDRESS			3.3 STF	REET A	ADDRESS					
CITY-ST-ZIP			3.4. Ci		- ZIP					4
TITLE	1	[] DELETE	4.1 J)I:		1			Change	Addition	ł
NAME			4. 2 NA							
STREET ADDRESS					ODRESS					
TITLE		DELETE	4.4 CIT 5.1 TIT		· Z(P			Change	Addition	┨
NAME		Land Section	5.2 NA		\			and annual		1
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT		1					
TITLE		DELETE	6.1 TIT					Change	Addition	1
NAME			62 NAI	ME	- {					
STREET ADDRESS			63 81	REET A	ADDRESS					
CITY-ST-ZIP	·		6.4 CIT							
	ou certify that the information complete	d with this filing does not guali				in Section 119 07(3Vi), Florida Statutes	Lfurtho	r cortifu the	at the	1

red nevery certify that the information supplied with this filling does not quality 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 eath; that I am an officer or director of thucorporation or the inceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or thinck 13th chapter or in an attachment with an address.