

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:16

TELEPHONE ROOM

DOCUMENT # **L28441** (8)

1. Corporation Name
AEGIS INVESTMENTS, INC.

Principal Office of Business: **2200 LUCIEN WAY STE 350 MAITLAND FL 32751**
Mailing Address: **2200 LUCIEN WAY STE 350 MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1989**
3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	2a	59-2978509	Not Applicable
22. State, Apt # etc.	27. State, Apt # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
24. Zip	25. Zip	29. Zip	30. Zip
24	25	29	30

8. This corporation has elected for changes to comply with Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TATICH, PHILIP
101 SOUTHAL LN
STE 285
MAITLAND FL 32751**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: LIVINGSTON, GEORGE D., JR STREET ADDRESS: 595 HUNTINGTON AVE CITY, ST, ZIP: WINTER PARK FL	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME: Livingston, George D., Jr. 1. STREET ADDRESS: 595 Beloit Ave 1. CITY, ST, ZIP: Winter Park FL 32789
TITLE: S NAME: LIVINGSTON, SUE S. STREET ADDRESS: 595 HUNTINGTON AVE CITY, ST, ZIP: WINTER PARK FL	2. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: Livingston Sue S. 2. STREET ADDRESS: 395 Beloit Ave 2. CITY, ST, ZIP: Winter Park FL 32789
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. NAME: 3. STREET ADDRESS: 3. CITY, ST, ZIP:
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. NAME: 4. STREET ADDRESS: 4. CITY, ST, ZIP:
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5. NAME: 5. STREET ADDRESS: 5. CITY, ST, ZIP:
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. NAME: 6. STREET ADDRESS: 6. CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.01(2), Florida Statutes. I further certify that the information included in 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 13 of this report, or on an attached sheet with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 95
Title