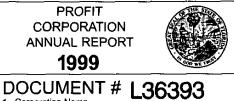
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90050 030 ***150.00

565 INVE	ESTORS, INC.							
Principal Place of Business Mailing Address					1 (00((0)) 050 ()((0 0)000 ()((0 0)00 ()((0 0	St. Cibii Gidii	1481) 81611 (881	
P.O. BOX 940658 P.O. BOX 940658 MAITLAND FL 32794-0658					DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualified 12/14/1989			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	
21 26					59-2991410	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Fee Re	Additional equired	
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country 25	Zip Country			This corporation owes the current year Interpretation Personal Property Tax.	angible Yes	□No _	
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Registered	Agent		
WALKER, B J 235 S MAITLAND AVE MAITLAND FL 32751				Name Street A	et Address (P.O. Box Number is Not Acceptable)			
MAIIDAND FL 32/31			83 84	City	₽∎ 85 Zip Code			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was auth	ionzed by	tne corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoin	changing its	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	reistered Aper	it signature rec	used when reinstating) DATE			
12. OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE			1.1 TITLE			Change	Addition	
NAME	RUTH, MOGUL		1.2 NAME]				
STREET ADDRESS	OCA MITOT MODEL BIND		1.3 STREET ADDRESS					
C/TY-ST-Z/P	WINTER PARK FL		1.4 CITY-ST-ZIP					
TITLE	DELETE		2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS	RESS		2.3 STREET ADDRESS					
CITY-ST-ZIP	معليمة الداري المعاصد متعاصين الماد الرواز الشاريون إذا أرا الأشترين الراد		'2. 4 CITY- S	T-ZIP	و المانيونيسونية المحمد وويونيونيونيون و المحدد ويسود المحدد والمحدد و		25 54 55	
TITLE	DELETE		3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME	1				
CTDEST ADDRESS			33 STREET	ADDDESS				

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

REQUIRED YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

☐ Change

☐ Addition

Addition |

☐ Addition