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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L45355

(9)

	INVESTMENTS, INC.					
Principal Place of Business 21218 ST. ANDREWS BLVD. #508 BOCA RATON FL 33433 US		Mailing Address 21218 ST. ANDREWS BLVD. #508 BOCA RATON FL 33433-2435 US				
				<ol> <li>Date Incorporated or Qualified 01/26/1990</li> </ol>	3a. Date of Last Report 03/04/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	D L.	26		65-0167708	Not Applicable	
Suite, Apt #	F, E10.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	This corporation has liability fo     Florida Statutes	r intangible tax under s. 199.032,	
24	25   g Name and Address of Curren		30	10 Name and Address of New F		
FLU	GEL, WALTER		81 Name	FLUGEL WALTER		
704 W. CVDDECC CDEEV #4000				82 Street Address (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33309		83	18 ST ANDREWS B	LVD. # 508	
			84 City		85 Zip Code	
			150	CA RATON	FL 33433	
office or re agent I ar	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was ai ilions of, Section 607.0505, Flor	es, the above-named outhorized by the corporation of the corporation o	corporation submits this statement for the pration's board of directors. I hereby acc	ept the appointment as registered	
SIGNATURE	Signature Typed or printed name of registrated age	or and title if apply also	. Registered Agent signature r	equired when reinstaling)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
TITLE	DP	☐ DELETE				
NAME	FLUGEL, WALTER		1.2 NAME	PFlugel Walter 21218 St. Apprens	RLVD # 508	
STREET ADDRESS	701 W. CYPRESS CREEK #30	2		BOCA RATON FL	22432	
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	BOCK KAJOF FE	Change Addition	
NAME		L) DELCIT	2.2 NAME		Fit change Fit vocation	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP			2 4 CITY-ST-ZIP	**	*	
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3 4. CITY-ST-ZIP	71 175512	Change Addition	
TITLE NAME		L. J DELETE	4.1 TITLE 4. 2 NAME		Li change Li Audition	
STREET AODRESS			4.3 STREET ADDRESS			
CITY-ST-7:P			4.4 CITY - ST - ZIP			
TITLE	**************************************	DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		Perett	5.4 CITY - ST - ZIP		Пошт Газа	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6 2 NAME			
STREET ADDRESS City-St-Zip			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
44 Ldo hereh	y certify that the information supplies	with this filing does not qualify	v for the exemption st	ated in Section 119,07(3)(i), Florida Statu	tes. I further certify that the	
i am an of	ri indicated on this annual report or s ficer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee empower	ered to execute this re	that my signature shall have the same le- port as required by Chapter 607, Florida	gal effect as if made under oath; that Statutes; and that my name	

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 06, 1997

561/750767

**FILED** 

Jan 14 1997 8:00am

Secretary of State

me Phone #