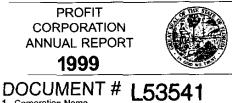
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90085 002 ***150.00



PRIMARI	LY INVESTMENTS, INC.										
Principal Place	e of Business	Mailing Address				1	(takirbit sat Etisk titet eitit a	1881 (181 81SII 61	att minit Athe		
2530 SECOND ST 2530 SECOND ST FT MYERS FL 33901 FT MYERS FL 33901							DO NOT WR	DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed 02/23/1990				
2. Principal Pl	lace of Business	2a. Mailing Address		_		4.	. FEI Number		1	Applied For	
21	26						65-0182928		1	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	. Certifcate of Status Desired		,	Additional Required	
City & State		City & State				6.	. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution		Added	d to Fees	
Zip	Country	Zip	Coun	try		8.	. This corporation owes the cur	rent year inta		F20	
24	25		10			L,	Personal Property Tax.		☐ Yes	⊠ No	
	9. Name and Address of Curr	ent Registered Agent		~ T	N	10.	. Name and Address of New	Registered /	agent		
THO	MAC DAVID LI)	81	Name						
THOMAS, DAVID H				82	Street Addre	ss (F	P.O. Box Number is Not Accept	table)			
2530 SECOND ST FT MYERS FL 33901			ļ								
FIN	ITENS FL 33901		}	83							
			ļ	84	City			FL	85 Ziç	Code	
SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A				signature required		reinstating) ADDITIONS/CHANGES TO O	DATE FICERS AN			
TITLE	DP	☐ DELETE	1.1 TITU	.E					☐ Change	e 🗀 Addition	
NAME	THOMAS, DATE IT		1.2 NAM	ΜE							
STREET ADDRESS			1.3 STR	REETA	NDDRESS						
CITY-ST-ZIP	FT MYERS FL 33901			Y-ST	ZIP						
TITLE		☐ DELETÉ	2.1 TM	E.					☐ Change	e 🔲 Addition	
NAME		2.2 N		νE							
STREET ADDRESS	}		2.3 STF	REETA	ADDRESS					}	
CITY-ST-ZIP		El por err	2. 4 CIT	_	-ZIP			 -	Change	e Addition	
TITLE		☐ DELETE	3.1 TITL						onang		
NAME			3.2 NA								
STREET ADDRESS					ADDRESS)	
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NAME					ADDRESS						
STREET ADDRESS											
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			5.2 NA						_ •		
NAME STREET ADDRESS					ADDRESS						
			5.4 CIT								
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT						Change	e 🔲 Addition	
NAME			6.2 NA	ΜE	ĺ						
STREET ADDRESS	**		6.3 STF	REETA	ADDRESS						
O INCL I ADDRESS	i										

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 suppliemental 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 any attachment with an address, with an other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

4/28 199 (941) 656-3577 Date Daytime Phone #