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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L62662

(6)

FILED Mar 19 1998 8:00am Secretary of State

	n Name T INVEST	iment propei	RTIES, IN	IC.								
Principal Place of Business Mailing Address								I SANTAN ASA MELIA SIMIN ASILA DINA ISNI	MINIT MIRIT	#1914 #1411 #14	iti Aibit ianı	
120 INTERNATIONAL PKWY % J. LORIJANN												
SUITE 220 370 ROCKWELL CIR. HEATHROW FL 32746 LAKE MARY FL 32746								DO NOT WRITE IN THIS SPACE				
PERIPHOW PL 32/46 LAKE MART PL 32/46								3. Date Incorporated or Qualified				
								03/28/1990				
2. Principal Place of Business 2a. Mai				. Mailing Address	Mailing Address			4. FEI Number Applied F			oplied For	
21			26	26				59-2998802		N	ot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22			27					or definition of distance beginning			equired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				
23 Z _i p		Country	28	Zip	Countr			Trust Fund Contribution	10		to Fees	
24		25	29		30	,		 This corporation owes or has paid Personal Property Tax due June 3 	_		tangible No	
	9. Name	and Address of Cu		stered Agent	1201			10. Name and Address of New Reg				
LO	RMANN, J	AMES R.	·		81	Name						
	O ROCKWE				82	Street	Addres	ee /P.O. Boy Number is Not Acceptable	6)			
LAKE MARY FL 32746						Sliedt Addres		ess (P.O. Box Number is Not Acceptable)				
					8:	3						
<i>*</i>					84	City				85 Zip	Code	
						1 - 7			FL	11		
agent. I a	egistered ag m familiar w	gent, or both, in the S ith, and accept the c	State of Flori obligations of	ida. Such change was of, Section 607.0505, F	authorized b lorida Statute	y the corp	poratio	ration submits this statement for the pun's board of directors. I hereby accept	the appo	pintment as	registered	
SIGNATURE	Signature, typed	or printed name of registers	ed apeni and title	e il applicable (NO	TE Registered Ac		e required	when reinstating)	DATE			
SIGNATURE			ed agent and title S AND DIRE		TE Registered A		e required	when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	
	DPT	OFFICERS					e required			DIRECTOR	RS IN 12	
12.	DPT LORMA	OFFICERS		CTORS	13.	gent eignature	e required					
12.	DPT LORMA 370 RO	OFFICERS NN, JAMES R ICKWELL CIR.		CTORS	13. 1.1 TifLE 1.2 NAME	gent eignature	e required					
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14. Thereby certify that the information supplied with this filling 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 frue 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 recoiver or frustoe 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.

SIGNATURE: Janes & Som

JAMES RILORMANN

3/12/9

407 444 28 28