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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

, ob porane	MENT # L6428 INVESTMENTS OF WINTE	` '				X
Principal Place of Business Mailing Address					i sooitati aid biiti oloin sidat ilina till kidii bid	ar daday didiy didir godil 1641
1685 LEE ROAD		P. O. BOX 2605	P. O. BOX 2605			
210		WINTER PARK FL 3279	WINTER PARK FL 32790		DO NOT WRITE IN THIS	SPACE
WINTER PARK FL 32780		US	US		3. Date Incorporated or Qualified	O ACE
					04/10/1990	į
2. Principal Place of Business 28		2a, Mailing Address	2a, Mailing Address		4. FEI Number	Applied For
21		26			59-3006137	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	City & State			Fee Required
23		├ ──	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country				8. This corporation owes or has paid the cr	
24	25	29	30	-		Yes No
	g. Name and Address of Cur				10. Name and Address of New Registered	Agent
JAMMAL, TOUFIC E. 3520 W LINA LANE APOPKA, 32703			8	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ligations of, Section 607.0505, I	utes, the abo s authorized Florida Statut	tes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	
12.		AND DIRECTORS	13.	Ageni signatura requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	5	DELETE	1.1 TITU	E T		☐ Change ☐ Addition
NAME	JAMMAL, SUHEIL E.		1.2 NAM	Æ		;
STREET ADDRESS 1675 LEE RD			1.3 STRE	EET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CiTY	/-ST-ZIP		
TITLE			2.1 TITLE	E	•	☐ Change ☐ Addition
NAME	2.		2.2 NAM	le		Ì
STREET ADDRESS			2.3 STRE	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		T Oberes T 4400
TITLE	1		3.1 1/1[[ì		☐ Change ☐ Addition
NAME GEORGE ADDRESS			3.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. GRY	Y-\$T-ZIP		Change Addition
NAME		بالمدود بي	4. 2 NAM	Į.		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				- ST- ZIP		
TITLE	T br. ere		5.1 TITLE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CATY+ST-ZIP			5.4 CITY			
TITLE			6.1 TITLE			Change Addition
NAME .			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 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 of the project or tusted 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 purely an address.

2-211 --

FILED

Mar 27 1998 8:00am

Secretary of State