

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L75437** (8)
1. Corporation Name
CUSTOM INVESTMENTS, INC.



Principal Place of Business
**P.O. BOX 60264
FORT MYERS FL 33906-3264
US**

Mailing Address
**P.O. BOX 60264
FORT MYERS FL 33906-3264
US**

3. Date Incorporated or Qualified 05/16/1990	3a. Date of Last Report 04/14/1995
4. FEI Number 65-0200081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**HAIRE, DAVID
2342 IVY AVE
SUITE 101
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *David Haire*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when re-appointing)

DATE: **4/10/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIRE, DAVID G.	1.2 NAME	
STREET ADDRESS	2342 IVY AVENUE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT MYERS FL	1.4 CITY-STATE-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANKINS, VICKI	2.2 NAME	
STREET ADDRESS	2342 IVY AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JACCI	3.2 NAME	
STREET ADDRESS	1911 N PINE DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGHTON, TIMOTHY	4.2 NAME	
STREET ADDRESS	8518 DARTMOUTH	4.3 STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	4.4 CITY-STATE-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRBY, MICHAEL	5.2 NAME	
STREET ADDRESS	10861 HEREFORD DR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *David Haire*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/10/96**

TELEPHONE: **941-278-0595**

CR2E034 (12/95)