## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

L75437

(8)

CUSTOM INVESTMENTS, INC.

Principal Place of Business Mailing Address						
P.O. BOX 60264 FORT MYERS FL 33908-3264 US		P.O. BOX 60264 FORT MYERS FL 33906-326 US	FORT MYERS FL 33906-3264		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/16/1990	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For	
21		26			65-0200081 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			Fee Required	
City & State		h	City & State		Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	h	<u> </u>		try	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Cu	29	30		Personal Property Tax due June 30. Yes No	
		Itent Keğisteren Ağent		1 Name	10. Name and Address of New Registered Agent	
HAIRE, DAVID					<u>,                                     </u>	
2342 IVY AVE			8	82 Street Address (P.O. Box Number is Not Acceptable)		
	E 101		63			
F1 W	IYER\$ FL 33907			~		
			E	4 City	85 Zip Code	
44 5		0500 1007 4500 51 11 61 4		_L	FL 163 24 COO	
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 Statutés.						
SIGNATURE						
12.	Signature, typed or printed name of registered	S AND DIRECTORS	13.	Agent signa	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D 077102110	DELETE	1.1 TITLE	<del> </del>		
NAME	HAIRE, DAVID G.	[] DELETE	1.2 NAMI		504Center Road Change L. Addition	
STREET ADDRESS	2342 IVY AVENUE			ET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-		FIM 45 55 P1 33906-6264	
TITLE	S S	DELETE	2.1 TITLE			
NAME	MANKINS, VICKI	DELETE	2.2 NAME		504 CENTER Road Change [ Addition ]	
STREET ADDRESS	2342 IVY AVE		ı	ET ADORESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CiTY-		Ftm 4515 Fl 33906-6264	
TITLE	T	DELETE	3.1 TITLE			
NAME	SANDERS, JACCI	Detere	3.2 NAME		Change	
STREET ADDRESS	1911 N PINE DR			– et address	111 51654 A-5	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-		Ptm 4555 Pt 33907	
TITLE	A MITTOLE	DELETE	4.1 TITLE			
NAME	MIGHTON, TIMOTHY		4.2 NAME		70000261019 Chapge L. Addition	
STREET ADDRESS	8518 DARTMOUTH			- ET ADDRESS	_00/07/990181/020	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-		***150.00	
TITLE	V	DELETE	5.1 TITLE			
NAME	IRBY, MICHAEL	<b>Zap</b> iotte i t	5.2 NAME		IRBY, michael Change LAddition	
STREET ADDRESS	10861 HEREFORD DR			- Et address	IRBY, Michael Change Addition	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-		PIMYERS FI - KUIIWO	
TITLE	II WIFIIA IF	DELETE	6.1 TITLE			
NAME		L] VC(C)E	6.2 NAME			
STREET ADDRESS				- Et address	PE	
CITY-ST-ZIP			6.4 CITY-		8.6	
14. I hereby ce	rtify that the information supplied	with this filing does not qualify for th	e exemptio	on stated	in section 119.07(3)(i). Florida Statutes. I further certify that the information	
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 rupon is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustle 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.						

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1/1/00

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**FILED** 

Aug 06 1998 8:00am

Secretary of State

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## **CUSTOM INVESTMENTS**

P O BOX 60264 FT MYERS FL 33906-6264

Phone 278-5593 Fax 278-5793

. July 30, 1998

FL DEPT OF STATE DIVISION OF CORPORATIONS ANNUAL REPORTS FILINGS PO BOX 1500 TALLAHASSEE FL 32302-1500

TO WHOM IT MAY CONCERN

THIS IS AN AFFIDAVIT STATING THE ORIGINAL 1998 PROFIT CORPORATION ANNUAL REPORT PACKET WAS NOT RECEIVED. THE SECOND NOTICE WAS RECEIVED ON JULY 3, 1998.-1-AM SENDING THE FEE OF \$150. 00 SIGNED BY JACQUELINE R SANDERS-SECRETARY. THANK YOU FOR YOUR TIME.

JACQUELINE R SANDERS

SECRETARY

**CUSTOM INVESTMENTS** 

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