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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

M01567

(0)

SERRA	INVESTMENT	S. INC.
ULIIIA	THAT LO LIVILLY	V: 1110

SERM	A IMAESTMENTS, INC.								
Principal Place of	of Business	Mailing Addr	ess			-   1	FAL 3001 DADAL DAD	ii <b>eiqii didi</b> i	1 A1811 <b>3</b> 1811 124
P.O. BOX 3974 CLEARWATER FL 34630		CLEARWA	P.O. BOX 3974 CLEARWATER FL 34630						
U\$ U\$				3. Date Incorporated or Qualified 3a. Date of Last Report 06/11/1984 01/26/1995					
2. Principal Plac	ce of Business	2a. Mailing A	ddress			4. FEI Number	- <b></b>	Ā	pplied For
21	1 2		Suite, Apt. #, etc.			59-2432299			lot Applicable
Suite, Apt. #, etc.		Suite, Ap				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & Sta	ate			6. Election Campaign Financing			May Be
23	Country	28 Zip		Country		Trust Fund Contribution  • This corporation has liability for			199 032
24	Zip Country  [25]		30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \( \subseteq \text{Yes} \subseteq \text{No} \)			
III	9. Name and Address of Cur	rent Registered Age	ent			10. Name and Address of New F	legistered A	gent	
				81	Name				
	VERONICA=			82	Street Addre	ess (P.O. Box Number is Not Acceptal	yle)		
700 ISLAND WAY #1102 CLEARWATER FL 34630			83		<u></u>				
OLLAN	MAILN I L 07000			84	City			<b>85</b> Zip	Code
					,	ation submits this statement for the pu	FL		
SIGNATURE		agent and title if applicable AND DIRECTORS	(NOTE R	13.	t signature require.	J when reinstating)  ADDITIONS/CHANGES TO OFF			RS IN 12
THE	DP	LJ	DELETE	1. 1 TITLE			L.	] Change	L Abdition
NAME	SERRA, MICHAEL 700 ISLAND WAY #1102	,		1.2 NAME 1.3 STREET	ADDDECC				
STREET ADDRESS  Offy- ST- Zip	CLEARWATER FL	<b>-</b>		1.4 CITY - S					
Tille			DELETE	2 1 TITLE			Ē	) Change	Addition
NAM!				22 NAME					
STREET ADDRESS				23 STREET	ADDRESS				
CITY - ST - ZIP		····	DELETE	24 CITY-S 3 1 TIFLE	17 - ZIP			] Change	Addition
TITLE NAME		LJ	Detter	3 2 NAME			La.	,	
STREET ADORESS				33 STREET	I ADDRESS				
CITY+S1+ZiP				34 CITY - S	IT-21P				
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STREET ADDRESS				4.3 STREET					
CITY-SI ZIP			DELETIC	44 CITY-S	ST - ZIP			7 Change	Addition
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NAMe				5.2 NAME	Annorce				
STREET ADDR: SS				53 STREET 54 CHTY - S					
C-1Y-S1-Z-P T:ILF			DELETE	6 1 TITLE	p1-41			Change	Addition
NAME		<u></u>		62 NAME			_	-	
STREET ADDRESS				6 3 STREET	F ADORESS				
CHY ST-ZIP				6.4 CITY - 5	ST-ZIP				
4.4 Lelectrocolu	y certify that the information supp	lied with this filing is vo	oluntarily furnishe	ad and hoe	s not qualify t	for the exemption stated in Section 11	9.07(3)(k), Flor	ida Statut	es. I further
certify that cath; that appears in	rthe information indicated on this I am an officer or director of the c i Block 12 or Block 13 if changed,	annual report or suppli orporation or the rece , or or an attachment	iemental annual iver or trustee er with an address	report is tro inpowered	to execute th	ute and that my signature shall have this report as required by Chapter 607, F	iorida Statute	s; and tha	at my name

GNATURE: Wished Suna Michael Sees Project 1/30/94 8/3-44