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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M01567

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90067 031 ***158.75

	INVESTMENTS, INC.	·-··								
Principal Plac	e of Business	Mailing A	ddress							
P.O. BOX 3974 P.O. BOX 3974 CLEARWATER FL 33767 US US P.O. BOX 3974 CLEARWATER FL 33767 US							DO NOT WE	TE IN THE	e ebace	
							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 06/11/1984			
Principal Place of Business 2a. Mailing Address							4. FEI Number		A	pplied For
21	·	26					59-2432299			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State							6. Election Campaign Financing \$5.00 May			May Be
23		28	•				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Count	ry		8. This corporation owes the curr	ent year Ir		
24	25	29		30			Personal Property Tax.		ƳYes	100 0
	9. Name and Address of Curre	ant Registered A	Agent				10. Name and Address of New i	Registered	l Agent	
een:	DA MICHAEI			ľ	11	Name	•			
SERRA, MICHAEL					12	Street Addre	ss (P.O. Box Number is Not Accept	able)		
700 ISLAND WAY #1102 CLEARWATER FL 33767				L						
CLE	HOWATER FL 33/8/			8	13					
				8	4	City		Fl	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered as		le. (NOTE:			t signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS A	ND DIRECTO	DRS IN 12
TITLE	DP STREET		DELETE	1,1 TITLE	=		7.0011101101011111020110		☐ Change	☐ Addition
NAME	SERRA, MICHAEL			1,2 NAMI						
STREET ADDRESS	700 ISLAND WAY #1102					ADORESS				
CITY-ST-ZIP	CLEARWATER FL 33767			1.4 CITY						
TITLE	OLD WITH TE GOTO		☐ DELETE	2.1 TITLE		-211			Change	☐ Addition
NAME			_	2.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				2.4 C/TY		1	•			
TITLE			☐ DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAMI	E					
STREET ADDRESS				3.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP				3.4, CITY	-ST	r-ZIP				
TITLE			□ DELETE	4.1 TITLE					☐ Change	Addition
NAME	-			4. 2 NAM	E					
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP				4.4 CITY						•
TITLE			□ DELETE	5.1 TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME				5.2 NAM	Ë				٠	
STREET ADDRESS				5.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP				5.4 CITY	ST-	-ZIP				
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME				6.2 NAME	E					
STREET ADORESS				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 or the receiver or trustee expowered 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, with all other like empowered.

SIGNATURE: