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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

· · · · · · · · · · · · · · · · · · ·	1990	W. Co	DIVISION OF C	CORPORATI	ONS				
DOCU 1. Corporation	MENT # M71	712	(7)						
•	INVESTMENT, INC.								
Principal Place	of Business		lailing Address						
		10	•						
% JOHN D. 8224 SHUBI			% John D. Dixon 8224 Shubert St.						
ORLANDO I	FL 32818		ORLANDO FL 32818			3. Date Incorporated or Qualified	3a. Date		
						03/02/1988)6/12/1	•
	ace of Business	2a	. Mailing Address	··-·		4. FEI Number		<u> </u>	Applied For
1		26				59-2896615			Not Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional
Crty & State	3	27	Oity & State						e Required
3]	,	28	Oity & States			6. Election Campaign Financing Trust Fund Contribution			00 May Be
Zıp	Country		Zip	Country		This corporation has lability for			ed to Fees
	25	29	·	30		Florida Statutes 🔀 Yes	intangibie ta No	⊼ unger	a 188.U32,
	9. Name and Address of Cur	rent Regis	tered Agent			10. Name and Address of New	Registered	Agent	75.4
				81	Name				
	JOHN D.			82	Street	Address (P.O. Box Number is Not Acceptal	ole)		
8224 SHUBERT STR ORLANDO FL 32818				83					
UHLAN	DO FL 32818			63					
				84	City		C I	85	Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 60	7.1508. Florida Statutes.	the above r	arried co	organism submits this statement for the cu	FL roose of cha	naina ita	conintered office
or register familiar wit	ed agent, or both, in the State of Ea th, and accept the obligations of, Si	orida Such ection 607	i change was authorized 0505 - Elorida Statutos	by the corpo	pration's	orporation submits this statement for the pu board of directors. Thereby accept the app	ointment as	registere	ed agent. Lam
PIZALATI IZE									
	Synature, typed or product name of registeria ba-	en called tribuit.	applicable (NOTE		Signal or n	equiped when rejectively	DATE		
IZ.	OFFICERS A	AND DIREC	DTORS DELETE	13.		ADDITIONS/CHANGES TO OFF			
NAME	DIXON, JOHN D.		C Deficie	1 1 THEF			L] Change	e 🔲 Addition
STREET ADDRESS	8224 SHUBERT ST.			13 STHEET	ADDOLCC				
CITY-ST-ZIP	ORLANDO FL			1.4 CrTY - S					
ITLE	DST	.,	DELFIE	2 1 TITLE	· 71t.			7 Change	Addition
IAME	DIXON, HILDA F.			2.2 NAME			L.		
TREET ADDRESS	8224 SHUBERT ST.			23 SPREET.	ADDRESS				
17 y - ST - 21P	ORLANDO FL			2.4 CHTY - ST	- ZIP	_			
TTLE			☐ DELETE	3 1 TITLE		0 (10 0	E	Change	Addition
IAME				3.2 NAME		Ronald B. Dixon 30 W. Prestan St. Orlando, Fl. 32804			,
TREET ADORESS				33 STAEEL	ADDRESS	30 W. Prestan St			
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AME				5.2 NAME			L	1 orialige	The volument
TREET ADDRESS				5.3 STREE1 #	ADDRESS				
·TY-ST-Ζ:P				5.4 CITY - ST	ĺ				
ITLE			☐ DELETE	6 1 TIFLE] Change	☐ Addition
AME				6.2 NAME			_	=	
TREET ADDRESS				63 STREET A	DDRESS				
CITY - ST - ZIP				6.4 CHY - ST	. ZIP				,

14. I do hereby certify that the information supplied with this filling is voluntarily turnished 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 early that I am an officer or Nirector of the corporation or the receiver or trusted 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNING OFFICER ORDINECTOR

The Printer Print