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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

M96021

(4)

NORTH, PURSEL, NORTH INVESTMENTS, INC.

Principal Place of Business Mailing Address P.O. BOX 691867 10216 PENNY LANE DRIVE ORLANDO FL 32869 ORLANDO FL 32836

**FILED** Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1988

				00/20/ 1000		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For Not Applied by Not Applied by Not Applied by Not Applied by Applied by Not Applied by Applied by Not		
21	#	26				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible		
24	25	29 3	0	Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
BRADSHAW, TAYLOR			81 Name	ne		
11214 SHER LANE			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32836			` ' '			
			83			
			84 City	85 Zip Code		
			-	FL [ ]		
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						
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						
Signature, typed or printed name of registered agent and little if applicable. (INOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1,1 TITLE	Change Addition		
NAME	PURSEL, JACH		1,2 NAME			
STREET ADDRESS	12179 S APOPKA VINELAND I	RD, #136	1.3 STREET ADDRESS	s		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition		
NAME	NORTH, PENY		2.2 NAME			
STREET ADDRESS	12179 S APOPKA VINELAND I	RD, #136	2.3 STREET ADDRESS	s		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY - ST - ZIP			
TITLE	D	DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME	NORTH, MICHAELL		3.2 NAME			
STREET ADDRESS	12179 S APOPKA VINELAND I	RD, #136	3.3 STREET ADDRESS	\$		
CiTY - ST - ZIP	ORLANDO FL		3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	\$		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	S.1 TITLE	Change Addition		
NAME.			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	s		
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	s		
CITY - ST - ZIP			6.4 CITY-ST-ZIP			
14. I hereby c	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						

eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the informative ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.

CR2E034 (10/97)