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 # M96021

NORTH, PURSEL, NORTH INVESTMENTS, INC.

							'Str Brass eieri ds.	811 21911 1001	
Principal Place of Business Mailing Address									
10216 PENNY LI ORLANDO FL 33		ORLANDO FL	P.O. BOX 691867 ORLANDO FL 32869			DO NOT WRITE IN THIS	SPACE		
US		US				3. Date Incorporated or Qualifed 08/25/1988		* - 1.	
2 Principal Pla	ace of Business	2a. Mailing A	ddress			4. FEI Number	Apr	lied For	
21	ges of Sasimoss	— ·	26			58-1807001	Not	Applicable	
Suite, Apt. #	#, etc.	Suite, Apl	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 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				8. This corporation owes the current year Inter-	angible	_	
24	25	29	30			Personal Property Tax.		□No	
	9. Name and Address of Curre	nt Registered Age	nt	Ι.,		10. Name and Address of New Registered	Agent		
			_ .	81	Name				
BRADSHAW, TAYLOR 11214 SHER LANE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32836				83	<u> </u>		1 1 1 1 1 1		
ONL	ANDO FL 32830			00				在情况 201	
				84	City	Fl	85 Zip C	ode	
						poration submits this statement for the purpose of	changing its	registered	
-15	to the provisions of Sections 607.05 agistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida Such d	ande was authoriz	eu uv	ine corporati	ion's board of directors. I hereby accept the appoi	ntment as reg	jistered	
SIGNATURE						·		•	
SIGNATURE	Signature, typed or printed name of registered ag		 _		t signature require	ed when reinstating) DATE	ID DIDECTO	DC IN 12	
12.	OFFICERS A	ND DIRECTORS		3	 -	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
TITLE	D	L		TITLE					
NAME PURSEL, JACH				NAME				Į	
STREET ADDRESS 12179 S APOPKA VINELAND RD, #136				STREET	ADDRESS			İ	
CITY-ST-ZIP	ORLANDO FL			CITY-S	r-ZIP			[Addition	
TITLE	D		DELETE 2.1	TITLE	1		☐ Change	Addition	
NAME	North, Peny		2.2	2 NAME				ļ	
STREET ADDRESS 12179 S APOPKA VINELAND RD, #136				3 STREET	ADDRESS			i	
CITY-ST-ZIP	ORLANDO FL			4 CITY-S	T-ZIP				
TITLE	D		DELETE 3.1	1 TITLE			Change	Addition (
NAME	NORTH, MICHAELL		3.2	2 NAME					
STREET ADDRESS	12179 S APOPKA VINELAND	RD, #136	3.3	3 STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·		y	
CITY-ST-ZIP	ORLANDO FL			4. CITY-S	T-ZIP	<u> </u>	Change	Addition	
TITLE		[DELETE 4.	1 TITLE		: · · · ·	Change	- C Addition	
NAME			4.	2 NAME			•	}	
STREET ADDRESS			4.3	3 STREE	T ADDRESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP			Addition	
TITLE		[1 TITLE		• •	☐ Change	Addition	
NAME			1	2 NAME		•		Í	
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP				
TITLE		(1 TITLE			☐ Change	Addition .	
NAME			6.	2 NAME					

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 supplier intal 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 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, with all other like empowered. SIGNATURE:

STREET ADDRESS

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90067 046 ***150.00

407-876-1876