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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Pagnonnong (2)

| 1. Corporation | N INVESTMENT GROUP, IN | C. (L) | | | | |
|--|---|---|--|--|--|--|
| Principal Place | e of Business | Mailing Address | | - | 13 00011 00111 00111 00111 11011 1001 1001 | |
| 100 BELVEDERE OVAL TEMPLE TERRACE FL 33617 US | | 409 BELVEDERE OVAL TEMPLE TERRACE FL 33617 US | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | | |
| | | | | 10/27/1992 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-3150070 | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | See 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 pai | - · - · | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June | | |
| | g, Name and Address of Curren | it Hegistered Agent | 81 Name | 10. Name and Address of New Reg | gistered Agent | |
| LUPTON, RALPH J W | | | Name | | | |
| 409 VELVEDERE OVAL | | | 82 Street Addr | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| TEMPLE TERRACE FL 33617 | | | 63 | | | |
| | | | 83 | | | |
| | | | 84 City | | 85 Zip Code | |
| | (0) | . 1607 4/05 5/ 11 8/ | | The state of the s | FL T | |
| 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 age | Alor | | | DAY | |
| 12. | Of FICERS AN | | E. Registered Agent signature require 13. | ADDITIONS/CHANGES TO OFFIC | DATE EDG AND DIDECTORS IN 12 | |
| TITLE | DP | DELETE | 1.1 TITLE | ADDITIONS/GITANGES TO GITTO | Change Addition | |
| NAME | LUPTON, RALPH J III | _ | 1.2 NAME | | | |
| STREET ADDRESS | 409 BELVERDERE OVAL | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TEMPLE TERRACE FL | | 1.4 CITY-ST-ZIP | | | |
| TITLE | 10,000 | DELETE | 21 TITLE | | ☐ Change ☐ Addition | |
| NAME . | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 31 TITLE | | Change Addition | |
| NAME | | | 3 2 NAME | | 1 | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | | |
| CHTY-ST-ZIP | | | 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 | 5.1 THLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | DELETE | 6.1 THLE | | Change Addition | |
| NAME | | · | 6 2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Castian 410 07/2)//) Florida Ctatidas II | | |

nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an iis report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

May 11 1998 8:00am

Secretary of State