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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000007811 (1) **DOCUMENT #**

1. Corporation	n Name NVESTMENTS, INC.		'		
Principal Place	of Business	Mailing Address		I Pagilida i di u Paruu aridi ta ddi da idi da idi	1 8 8 7 1 9 9 1 1 9 9 1 1 1 9 9 1 1 1 1 1 1 1
1331 OAKHILI					
LAKELAND FI		1331 OAKHILL ST LAKELAND FL 33801			
			·	3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 04/20/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Ant	n .	26	······································	59-3182370	Not Applicable
27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
├─┐		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	☐ Added to Fees
Zip 24	Country 25	Zip	Country	B. This corporation has liability for	
24	9. Name and Address of Cu	rrent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New F	S No
	g, 110000 0012 110000 00 00 00 00 00 00 00 00 00 00 00	tolit riegisteres Agein	81 Name	10, Marile Blid Address of Hear F	Hegistered Agent
BURNS,	ROBERT			200 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2542 NW			82 Street Add	fress (P.O. Box Number is Not Acceptat	ble)
Miami Fl	L 33147		83		
			24 0		T T = -
			84 City		FL 85 Zip Code
or registeri	eo agent, or both, in the State of F	502 and 607.1508, Florida Statute lorida. Such change was authorize section 607.0505, Florida Statutes.	to by the corporation's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
	Signature, typed or printed name of registered a		E. Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS PD	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE .	BURNS, ROBERT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME CERSES ADDRESS	2542 NW 79 ST		1.2 NAME		
STREET ADDRESS	MIAMI FL 33147		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD VD	☐ DELETE	1.4 CITY - ST - ZIP		Change Addition
NAME	BURNS, WILLIAM M	☐ bett it	2. 1 TITLE		Change 🗀 Addition
STREET ADDRESS	2542 NW 79 ST		2.2 NAME		
	MIAMI FL 33147		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	STD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	BURNS, MARY G	C) Section	3 2 NAME	•	Change Addition
STREET ADDRESS	2542 NW 79 ST		3.3. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		3.4 CITY-ST-ZIP		;
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		C. C
STREFT ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME	ļ	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZiP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C(TY+ST+ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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. 682-1360

SIGNATURE:

ROSENT BURNS Prosident 4-26-96-