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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012436 (0)

PABLO BEACH INVESTMENTS, INC.

FILED Apr 15 1998 8:00am Secretary of State

7077 BONNE SUITE #110		P. O. BOX50671 JACKSONVILLE BEACH FL	32240		
JACK80NVIL	LE BEACH FL 32216			DO NOT WRITE IN THIS:	SPACE
				3. Date Incorporated or Qualified 02/18/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 P. O.	Box 50671	26]		59-3167761	Not Applicable
Sulte, Apt.	#, etc.	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 Jacks	on with Beach Fi	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	rent year Intangible
24 322		29 3	<u>ol</u>		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
AHERN, FRED L JR. 81 Name					
				Address (P.O. Box Number is Not Acceptable)	
SUITE 101					
JA	CKSONVILLE BEACH FL 32250		83		
			84 City	FL	85 Zip Code
11 Purevent 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 ago			required when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	☐ DELETE	1.1 TITLE	D	Change L Addition
NAME	DIXON, CHARLES E III	UTC 4440	1.2 NAME	DIXON, CHARLES AT 111	
STREET ADDRESS	7077 BONNEVAL ROAD SU		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 3		1.4 CITY-ST-ZIP	Jacksonville, FL 32224	No. Class
TITLE	D CORD OFFICE D	☐ DELETE	2.1 TITLE	P. C. ATUS O	Change Addition
NAME	FORD, CURTIS R	OLUTE #440	22 NAME	Ford, CHATIS R. 1897 BEFORE AVENUE	
\$TREET ADDRESS		SUITE #110	2.3 STREET ADDRESS	l	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 3		2. 4 CITY-ST-ZIP	ATLANTIC BEACH, FL 3	
TITLE		L_J DELETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Llogity	3.4. CITY-ST-ZIP		Denni Daggija
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Locity	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	5.5 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T on cre	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		ith this filling place and modify for	6.4 CITY-ST-ZIP	and in Cooking 110 07/20// Florida Clabidas I forth - an	etifu that the information
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.					