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

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 12 1998 8:00am Secretary of State

** a n	INVESTMENT PROPERTIES	, ING					
Principal Place	e of Business	Mailing Address			- I IUMIAUDA AKE AUTUU ATAA DURKA MUKA U	Yaini Obidh Haad ihin ladd	NA NIMBARA BANK ARRAK
250 ALTAMONTE COMM BLVD		256 NEW GATE LOOP					
STE-102		HEATHROW FL 32746			•		
ALTAMONTE SPRINGS FL 32714 US						E IN THIS SPACE	
US 					3. Date Incorporated or Qualified 02/24/1993		
<u> </u>	lace of Business	2a. Mailing Address		<u> </u>	4. FEI Number		Applied For
21		26		59-3177268		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional	
22 City & Charles		27			Fee	Required	
City & State		City & State		6. Election Campaign Financing		00 May Be	
Zip Country		Z(p) Country		tese	Trust Fund Contribution Added to Fees		
24			30	B. This corporation owes or has paid the current year Intangi Personal Property Tax due June 30. Yes No			
	9, Name and Address of Current		1301	,	10. Name and Address of New R		
BO	ROUGHS, BENNETT, MORLAN 8			Mame A		- 4 1 4	01
	I EAST PINE STREET, SUITE 500		-	BIC	orporate terrices of		Monda,
ORLANDO FL 32801			'	Street Addre	ess (P.O. Box Number is Not Accepta		· · · · · · · · · · · · · · · · · · ·
			1	3 2 W	12 9. 2. 19C 41. 2. 121.	(C.O.O	
			l,	مد دون کرنیسلی	<u> </u>		
				4 City	lands	Fi 85 Z	Cip Code 32 801
11. Pursuant	lo the provisions of Sections 607.0502	and 607 1508, Florida Statu	ites, the abo	ove-named corpo	pration submits this statement for the	nurnose of changing	a its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was tions of Section 607 0505. F	authorized Iorida Statu	by the corporation	on's board of directors. I hereby acce	opt the appointment	as registered
SIGNATURE.	(1) the un	// ^ /				1.16	8
	Signature, type is Chemical name of the siered ager	d and file of applicable (NC	TL: Ri-gislered	pent signature require	tarcher, Vice Presid		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	D	L_] DELETE	1.1 THL	F		Chang	ge: Addition
NAME	LEWIS, WENDY R		1.2 NAN	IE .			
STREET ADDRESS	256 NEW GATE LOOP	1.3 STREET ADDRESS		EET ADDRESS			
CITY-ST-ZIP	HEATHROW FL D D CLETE			-S1-ZIP			:
TITLE	<u> </u>					∟ Chang	ge L_ Addition
NAME	RAY, RANDY		2.2 NAN	i			
STREET ADDRESS	256 NEW GATE LOOP			EET ADDRESS			
CITY-ST-ZIP	HEATHROW FL	DELETE		Y-ST-ZIP	W. F. P. 18 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1100	:
TITLE NAME		☐ DELETE	3.1 TITL			Chang	ge
STREET ADDRESS			3.2 NAM	-			-
CITY-ST-ZIP				ET ADDRESS			; I
TITLE		DELETE	3.4. CIT 4.1 TITU	r-ST-ZIP		Chang	a Addition
NAME			4.2 NAM	1			,
STREET ADORESS			1				
CITY-ST-ZIP				ET ADDRESS			i
TITLE		DELETE	5.1 TITU	- S1 - ZIP		☐ Chang	e Addition
NAME			5.2 NAM			_ 5.000	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		DELETE	6.1 TITE			☐ Chang	ne Addition
NAME			6.2 NAM			0.0.00	
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP							
	ertify that the information supplied wit	h fluir films door not qualify		-ST-ZIP	Section 119 07/3/(i) Florida Statutos	I further earlifu that (the information

Indicated on this annual report or supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplicinental 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 this corporation or the receiver or trustice 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 addices.

1-23-98

407-869-5921