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 # DOCOCOA7ECO

 Corporation 	Name P95 NVESTMENTS, INC.	000047530					
Principal Place of Business Mailing Address					1 (40)(40) (10 10(5) (1)(5) 85(5) 45(1) 45(1)	11-11 G1G11 +5201 51105 ·	
6811 W. CYPRESSHEAD DR. PARKLAND FL 33067		PARKLAND FL 33067	6811 W. CYPRESSHEAD DR. PARKLAND FL 33067 US		DO NOT WRITE IN TH	HIS SPACE	
US		00			3. Date Incorporated or Qualifed 07/07/1993		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	App	lied For
21			26		65-0457224	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	us Desired	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country 25	Zip 29	Country 30	/	This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
24		of Current Registered Agent			10. Name and Address of New Register	ed Agent	
4651 SUIT HOLI 11. Pursuant office or reagent. I as	n familiar with, and accept	the obligations of, Section 607.050	o, r ionda otatuto	City /e-named corp / the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the approximation is a submit of the purpose ion's board of directors.		
BIOIWATORE	Signature, typed or printed name of		(NOTE: Registered Age	ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		OC IN 12
12.		ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	. DELE			* - 4 - **	, oneng-	—
NAME STREET ADDRESS	FITZPATRICK, JOAN I 6811 W. CYPRESSHE PARKLAND FL		1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS		•	
CITY-ST-ZIP TITLE	D	☐ DELE		-		Change	Addition
NAME	FITZPATRICK, WILLIA	A F	2.2 NAME	1	•		
STREET ADDRESS	6811 W. CYPRESSHE		2.3 STREE	ET ADDRESS		:	. 4.
CITY-ST-ZIP	PARKLAND FL	DELE		31-24		☐ Change	☐ Addition
TITLE			3.2 NAME	1		-	
NAME				ET ADDRESS			1 F R
STREET ADDRESS	:		3.4, CITY-			多国独独	
CITY-ST-ZIP TITLE		DELE			表 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	Change !	Addition
NAME			4. 2 NAMI	<u> </u>	•	,	
STREET ADDRESS			4.3 STRE	ET ADDRESS	·	•	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELE				Change	☐ Addition
NAME			5.2 NAME	1	: 	,	
1	l		■ 5.3 STRE	ET ADORESS			

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 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, with all other like empowered. CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90031 042 ***150.00

☐ Addition