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

CORPORATION ANNUAL DEDOOT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

	1996	DIVISION O	retary of State OF CORPORATIONS					
DOCUI 1. Corporation	MENT # P940	000008155 (1	1)					
•	NVESTMENTS, INC.							
Principal Place of Business Mailing Address 800 DREW STREET 800 DREW STREET					I FO DEFOUE HID IDIAN DIGHT WENER DEN	46 	EN INIÚL LINÚL NIÚN N	
CLEARWATE	R FL 34615	CLEARWATER FL 346	515					
					3. Date incorporated or Qualified 01/03/1994		of Last Report I/10/1995	
	ace of Business	2a. Mailing Address			4. F&I Number		Applied	For
Suite, Apt. +	# oto	[26] Suita Aat # ata			59-3235670	· - · ·	Not App	·
30ite, Apr. 1	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additi	
City & State)	City & State			6. Election Campaign Financing		\$5.00 May	
3		28	· · ·		Trust Fund Contribution		Added to Fe	
Zιρ Σ1	Country	2φ	Country		8. This corporation has liability to		k under sil 199.03	32,
4	25 9. Name and Address of Cui	rrent Registered Agent	30		Florida Statutes Yes		\ non!	
	g, Hame and Address of Co.	The Hogistorea Agent	81	Name	IG. Name and Address of New P	registered A	(geni	
PLISKO.	, ALEX JR		20		(D.O. Double objects Alab Seconds)			
	EW STREET		82	Street Addr	ress (P.O. Box Number is Not Acceptat	(JIB)		
CLEARY	VATER FL 34615		83					
			84	City			85 Zip Code	
				·		FL		
11. Pursuant t	to the provisions of Sections 607.0	1602 and 607 1508. Florida Statut						ad affice
or register	ed agent, or both lin the State of F	Torida. Such change was authorize	tes, the above r zed by the comi	iamed corpor pration's boar	ration submits this statement for the purify of directors. Thereby accept the and	rpose of char rointment as a	nging its registere registered agent	tam
or register familiar wit	ed agent, or both in the State of F th, and accept the obligations of, S	Berida, Such change was authori. Section 607.0505, Florida Statute:	tes, the above r zed by the corpi s	ianted corpor pration's boai	ration submits this statement for the purify of directors. Thereby accept the app	irpose of char pointment as r	nging its registere registered agent	l am
SIGNATURE							nging its registere registered agent	Fam
SIGNATURE	Signature typed or printed name of registering		tes, the above rized by the corpi s Offer Registrating Ages 113.			DAT:		
SIGNATURE _	Signature system or protein are interpretation of OFFICERS STD	agesta ditherrappikabe d√	OF Regetoral Age:		al where two fairings	DATE ICERS AND	DIRECTORS IN 1	
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certing that it am an officer or director of the comportation of the respect to the and advantage and making signature sharmars me same egal enect as inmade under outs. That I am an officer or director of the comportation of the receiver or trustee empowered by execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes of or an adjustment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16.96

813-442-7200