

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90010 025 \*\*\*150.00

DOCUMENT # P94000011594

1. Corporation Name  
S.O.S. INVESTMENTS, INC.



Principal Place of Business  
580 VILLAGE BLVD.  
SUITE 150  
WEST PALM BEACH FL 33409

Mailing Address  
580 VILLAGE BLVD.  
SUITE 150  
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1994

4. FEI Number  
65-0473027

Applied For  
Not Applicable

5. Certificate of Status Desired ~~YES~~ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 901 Northpoint Pkwy  
Suite/Apt. #, etc.

22 304  
City & State

23 WPB FL

24 33407 25 USA

2a. Mailing Address

26 901 Northpoint Pkwy  
Suite, Apt. #, etc.

27 304  
City & State

28 WPB FL

29 33407 30 USA

9. Name and Address of Current Registered Agent

NEEDLE, ROBERT  
580 VILLAGE BLVD.  
SUITE 150  
WEST PALM BEACH FL 33409

81 Name Robert Needle  
82 Street Address (P.O. Box Number is Not Acceptable)  
901 Northpoint Pkwy  
83 # 304  
84 City WPB FL 85 Zip Code 33407

11. Pursuant 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/99 DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME NEEDLE, ROBERT  
STREET ADDRESS 580 VILLAGE BLVD., SUITE 150  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE P  
NAME ANDERSON, DAVID  
STREET ADDRESS 580 VILLAGE BLVD., SUITE 150  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE VPAS  
NAME NEEDLE, DAVID  
STREET ADDRESS 580 VILLAGE BLVD., SUITE 150  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ST  
NAME ANDERSON, KATHY  
STREET ADDRESS 580 VILLAGE BLVD., SUITE 150  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 901 Northpoint Pkwy # 304  
1.4 CITY-ST-ZIP WPB FL 33407

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 901 Northpoint Pkwy # 304  
2.4 CITY-ST-ZIP WPB FL 33407

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 901 Northpoint Pkwy # 304  
3.4 CITY-ST-ZIP WPB FL 33407

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 901 Northpoint Pkwy # 304  
4.4 CITY-ST-ZIP WPB FL 33407

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)