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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

· ·	MENT # P94000 NESTMENTS, INC.	0017494 (3))		
Principal Place of Business Mailing Address					
6306 BENJAMIN RD SUITE 612 TAMPA FL 33634 US		6306 BENJAMIN RD Suite 612 Tampa Fl 33634 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
	_			02/28/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21	# A42	26 Cuita Ant II sto		59-3239993 Not Applicable	
Suite, Apt.	₩, ĐtC.	Suite, Apt #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	Θ	City & State			
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent	
SIGNATURE	to the provisions of Sections (0.1,0,0,0,0) oglstered agent, or bolly in the stay on temiliar with, and accept the obligation of the stay of the obligation which have of tegistered as	/	83 84 City— utes, the above-named authorized by the cor- lorida Statutes.	FL 85 Zip Code 33618 I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered to be required when reinstaling:	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ΫD	DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	OCOBO, ALBERT N		1.2 NAME		
STREET ADDRESS	1145 PELICAN ISLAND DR		1.3 STREET ADDRESS	10405 Carroll Cove Place	
CITY+ST-ZIP	TAMPA FL	DELETE	1.4 CITY - ST - ZIP	Tampa / Florida	
TITLE NAME	PSD DOCOBO, LYNN M	F] [/ctc/f	2.1 TITLE 2.2 NAME	Orange Aboliton	
STREET ADDRESS	7145 PELICAN ISLAND DR		2 3 STREET ADDRESS	10405 Carroll cese flace	
CITY-ST-ZIP	TAMPA FL		2 4 CITY-ST-ZIP	Tamar, Florida	
TITLE	3,810 // 12	DELETE	3.1 TiTLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP	<u> </u>	
TITLE		DELFTE	41 TITLE	Change Addition	
NAME			4 2 NAME	4 7/0	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-7IP	Change Addition	
TITLE	g.	☐ D£LETE	5.1 TITLE	Change	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition	
NAME) (9)		6.2 NAME	8 <u>0</u> 0002578958	
STREET ADDRESS			63 STREFT ADDRESS	800002578958 -07/02/9801041019	

64CITY-ST-ZIP

14. Thereby 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 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 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 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 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 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 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 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 supplied with the information indicated on the supplied with the information indicated

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FILED

Jul 02 1998 8:00am

Secretary of State

A L INVESTMENTS, INC.

6306 BENJAMIN ROAD SUITE 612 TAMPA, FLORIDA 33634 (813) 806-0096 FAX (813) 806-0565

June 10,1998

Department of State Annual Reports Filings Division of Corporations Post Office Box 1500 Tallahassee, Florida 32302-1500

RE: 1998 Profit Corporation Annual Report /A L Investments, Inc.

To Whom It May Concern:

I am sending this letter regarding the 1998 Profit Corporation Annual Report. I called the information assistance line on the back on the form, because I realized that our company had past the deadline date for the annual report. The operator said that if I sent in a letter explaining the reason for being late that our company would only be charged the original filing fee of \$150.00.

The reason that the report is late is because our office did not receive the reports until May 12, 1998 and 1 do not feel that gave me enough time to have the reports prepared. I completed the reports on June 10th and sent in a letter explaining the reason why the report was late and the \$150.00 fee. However, I was sent back notification stating that my reason was not valid, because I received the reports and should have be able to complete them on time. In the original letter that I sent I made myself the person for the fault. However, I am told that I should have received the reports earlier to give me more time to have them completed.

Please call me if you have any questions or need any additional information. Thank you in advance for your assistance with this matter.

Sincerely,

Lisa L. Esquia Office Manager