**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

## 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

i. Corporatio	MENT # P94000 IIS INVESTMENTS, INC.	025979		01-26-1999 90030 023 ***15	0.00
mount.					
Principal Plac	e of Business	Mailing Address			B EIBBI BEICH INTIL SONIS CHAI LAND
8800 S OCEAN DR OCEANSIDE 2 UNIT 501 JENSEN BEACH FL 34957		8800 S OCEAN DR OCEANSIDE 2 UNIT 501 JENSEN BEACH FL 34957		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualifed 04/04/1994	
2. Principal P	Place of Business	2a. Mailing Address	,	4. FEI Number	Applied For
21		26		65-0480041	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		v. Certificate of Castos Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year t	ntangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent
1400	NAME AND ADDRESS OF THE PARTY O		81 Name		
MCGINNIS, ARTHUR J			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	S OCEAN DR		-   -	, with the sign of the first one to see in the second	er nogo aktore (\$ 1) samste kare 1903.
	ANSIDE 2	,	83	· 阿尔伊蒙尔克 到 50 (4) 韓國 (4)	· 指数: 2018
JENSEN BEACH FL 34957			04 00	. १८ भूमिती हो अभी का नहीं की क्सी	
	_	• • •	84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	es, the above-named cor		
office or r	registered agent, o ooth, in the State	of Floridal Such change was au	thorized by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as registered
Michagent. () a	am familiar with and accept the doliga	itions of Section 607,0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed hame of registered agei	A Sille Complicable (NOTE)	Registered Agent signature requi	red when reinstating) DATE	
12.		ID DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PDS	DELETE	1.1 TITLE		☐ Change ☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: