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

**PROFIT** CORPORATION ANNUAL REPORT.

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

	IS INVESTMENTS, INC.	0053835 (2	<b>-)</b>						
Principal Pl	lace of Business	Mailing Address				-	MI EBER BEIRE MINE		At 04(1) 40 (1)
5120 S. COWWAY RN ORLANDO FL 32812 US		1280 WINSTON ROAD MAITLAND FL 32751-3646 US			• •				
	,	•				3. Date Incorporated or Qualified 07/19/1994	3a. Date of 05/01/		eport
2. Principa	Place of Business	2a. Mailing Address 26				4. FEI Number 59-3257592			plied For t Applicable
	pl #, elc.	Suite, Apt. #, etc.					\$8		Additional
22		27				5. Certificate of Status Desired			quired
City & S	State	City & State				6. Election Campaign Financing			Мау Ве
200	Country	28		ountry	<del></del>	Trust Fund Contribution			o Fees
Zip 24	Country 25	Ζιρ <b>29</b>	30	JUNEY		8. This corporation has liability for Florida Statutes	intangible táx u ∐Yes [] No		199.032,
<del>*</del> 1	9. Name and Address of Curre		[30]	7		10. Name and Address of New Re			
. (	COATS, JACK	<del></del>		81	Name		T		
1260 WINSTON ROAD				82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
MAITLAND FL 32751					000171201				
				83	,				
				64	City		FL 85	Zip (	Code
ageni SIGNATUH	ant to the provisions of Sections 607.050 or registered agent, or both, in the State I am familian with, and accept the oblight					ad when reinstating)	4/2S	12	7
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOR	S IN 12
IITL€	D	DELETE	1.1	TITLE			C	hange	Addition
IAME	COATS, JACK			NAME					
STREET ADDRES	1				ADDRESS				
DITY-ST-ZIP DITE	MAITLAND FL 32751	DELETE		CITY - S	1- ZIP		T10	hange	Additi
NAME	COATS, JACQUELINE C		1 -	NAME			ر لبد		
 Street addre:			1		ADDRESS				
CITY - ST - ZIP	MATTLAND FL 32751			CITY-	ST-ZIP		• `````		
TITLE	0	DELETE		TITLE	-		□ 0	hange	Addition
NAME	COATS, DAVID C			NAME					
STREET ADDRES	SS 2701 ROGAN ROAD ORLANDO FL 32812				ADDRESS				
CITY-ST ZIP Title	D D	DELETE		CITY-:	01-21	<del></del>	<u> </u>	hange	Additio
NAME	COATS, MARY			NAME				-	
STREET ADDRES					ADDRESS				
OTHER I MEDIAL				A.,,,,,,,					
	ORLANDO FL 32812			CITY-S	1 - 21P				
CITY-ST-719 TITLE		DELETE	5.1	CITY-S TITLE	ST - 21P	į	□ c	hange	Additio
CITY-ST-712 TITLE NAME	ORLANDO FL 32812	DELETE	5.1 5.2	CITY-S TITLE NAME		i		hange	Additio
CITY-\$1-719 NITLE	ORLANDO FL 32812	☐ DELETE	5.1 5.2 5.3	CITY-S TITLE NAME	ADDRESS		□ c	hange	Additio

14. I do 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.

63 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

**FILED** 

May 08 1997 8:00am

Secretary of State