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Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000057117 (1)

1. Corporation Name  
60 INVESTMENTS, INC.



Principal Place of Business  
215 GLENGARRY AVE.  
C502  
MELBOURNE BEACH FL 32951-3138  
US

Mailing Address  
215 GLENGARRY AVE.  
C502  
MELBOURNE BCH FL 32951-3138  
US

3. Date Incorporated or Qualified  
08/01/1994

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business  
21 1221 E. NEW HAVEN AVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1221 E. NEW HAVEN AVE  
Suite, Apt. #, etc.

4. FEI Number  
59-3263224

Applied For  
Not Applicable

22 City & State  
MELBOURNE, FL

27 City & State  
MELBOURNE, FL

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

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

23 Zip Country  
32901 US

28 Zip Country  
32901 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSLEY, CURTIS R  
1221 E. NEW HAVEN AVE.  
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D HESSEE, CLAUDE  
NAME  
STREET ADDRESS 215 BALLYSHANNON ST C502  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE D HEESE, PATRICIA A  
NAME  
STREET ADDRESS 215 BALLYSHANNON STREET C502  
CITY-ST-ZIP MELBOURNE FL 32951

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME CURTIS R. MOSLEY  
1.3 STREET ADDRESS 1221 EAST NEW HAVEN AVENUE  
1.4 CITY-ST-ZIP MELBOURNE, FL 32901

2.1 TITLE V/D  
2.2 NAME MICHAEL M. M. WALLIS  
2.3 STREET ADDRESS 1221 EAST NEW HAVEN AVENUE  
2.4 CITY-ST-ZIP MELBOURNE, FL 32901

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURTIS R. MOSLEY, PRESIDENT

Date

Daytime Phone #

0106879

CR2E034 (9/96)