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**

	JMENT # P9400 INVESTMENTS, INC.	00623	96 (4)				The matter section to the consequence of a magnifical but		
Principal Pla	ace of Business	Mailing Ac	dress		_	··	the state of		
l '	GOMERY AD	•	NTGOMERY RO	AD					
SUITE 3 SUITE3							İ		
CINCINNATI OH 45236 CINCINNATI OH 45236							DO NOT WRITE IN THIS SPACE		
US		US					3. Date Incorporated or Qualified		
		1 2 12 11					08/24/1994		
	Place of Business	<u>├</u>	2a. Mailing Address				4. FEI Number	Applied For	
21 Suite, Ap	at # atc	26 Suite	26 Suite, Apt. #, etc.			·· · · · · · · · · · · · · · · · · · ·	31-1417365	Not Applicable	
22	, vi. vi.	├ ─┐	27					75 Additional le Required	
City & Str	ate		City & State				 	.00 May Be	
23		<u> </u>	28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	 -	Count	try		8. This corporation owes or has paid the current year		
24	25	29		30			Personal Property Tax due June 30. Yes	□ No	
	9. Name and Address of Curre		gent				10. Name and Address of New Registered Agent		
	ORPORATION INFORMATION SE	ERVICES INC.		8	li	Name			
1201 HAYS ST.					2	Street Addre	iss (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301					1				
				8	3			ł	
				8	4	City	85	Zip Code	
<u></u>						·	₽LÌI	·	
11. Pursuan office or	it to the provisions of Sections 607.05 r registered agent, or both, in the Stat	602 and 607.1508 te of Florida Such	, Florida Statut i change was	es, the abo authorized (by t	named corpo the corporatio	oration submits this statement for the purpose of changi on's board of directors. I hereby accept the appointmen	ng its registered	
agent, t	am familiar with, and accept the obli	gations of, Section	n 607.0505, Fl	orida Statut	es.	·		}	
SIGNATURE	Signature, typed or printed name of registered a	man and the discount	a MOT	E Societared A	tonn	rings and a	d when reinstating) DATE		
12.		ND DIRECTORS	(10)	13.	gent	angriation redonat	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12	
TITLE	Ð		DELETE	1.1 TITLE	:	<u> </u>	Cha		
NAME	WILDERMUTH, ROBERT			1.2 NAM	E			Į	
STREET ADDRESS 7759 MONTGOMERY RD, SU		JTIE 3	IE 3		1.3 STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH			1.4 City	-ST-	ZIP		\	
TITLE	D		DELETE	2.1 TITLE	•		Chai	nge Addition	
NAME	NEWMEYER, ARTHUR III			2.2 NAME	E				
STREET ADDRESS		JITE 3		2.3 STRE	et al	DDRESS			
CITY-ST-ZIP	CINCINNATI OH		r	2. 4 CITY		-ZIP	·		
TITLE]		DELETE	3.1 TITLE)	☐ Chai	nge Addition	
NAME				3.2 NAME	_				
STREET ADDRESS	6			3.3 STRE		Į.		J	
CITY-ST-ZIP			DELETE	3.4. CITY		- ZIP		an Addisian	
TITLE	}		DELETE	4.1 TITLE		ļ	☐ Chai	nge 🔲 Addition	
NAME STREET ADDRESS	.i			4. 2 NAM		Norae			
STREET ADDRESS	`			4.3 STREE		· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP TITLE	 		DELETE	4.4 CITY 5.1 TITLE		214	Char	nge Addition	
NAME	1		DECEMBER OF THE PERSON NAMED IN COLUMN	5.2 NAME			ب المان	ige Car reduced	
STREET ADDRESS	.1			5.3 STREE		DDRESS			
CITY-ST-ZIP	1			5.4 CITY-					
TITLE	 		DELETE	6.1 TiTLE	_	<u></u>	☐ Char	nge Addition	
NAME				6.2 NAME		ĺ	600002462986 -03/20/9801017027	1 4	
STREET ADDRESS				6.3 STREE		DDRESS	-03/20/9801017027	12.16	

6.4 CITY - ST - ZIP 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 redeiver or fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an anaction of the corporation of the corporatio

***150.00

FILED

Mar 19 1998 8:00am

Secretary of State