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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPORT 1997

DOCUMENT # P9400066821 (7)

FILED Jul 21 1997 8:00am Secretary of State

	/ESTMENTS, INC. se of Business or	Mailing Address 309 HARBOR DR BELLEAIR BEAH FL 33766- US	3249			
				 Date Incorporated or Qualified 09/12/1994 	3a. Date of Last Report 04/30/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	V4/30/1980 Applied For	
21	THE OF PROMITORS	26		59-3266549	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stal	to	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zıp	Country	8. This corporation has liability for		
24	25	29	30		Yes No	
9, Name and Address of Current Registered Agent				10. Name and Address of New Re	10. Name and Address of New Registered Agent	
	, GREGORY A		81 Name			
	50 US 19 N		82 Street Ac	ddress (P.O. Box Number is Not Accepta	ble)	
STE 100			83			
CLEARWATER FL 34625			63			
			84 City		FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 607	0502 and 607 1509. Florida Statut	as the above comed or	ornaration cultimite this statement for the		
office or	registered agent, or both, in the S	tate of Florida. Such change was	es, the above hamed co authorized by the corpo	orporation submits this statement for the ration's board of directors. I horeby acce	ept the appointment as registered	
1	am familiar with, and accept the o	bligations of, Section 607.0505, Fi	orida Statutes.		11/2 100	
SIGNATURE	Signature, typed or printer has a of registere	d agent and title if applicable (NOT	E: Registered Agent signature rea	guired when reinstating)	440187	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE	P	Change Addition	
NAME	SZASZ, STEVE			SZASZ STEVE		
STREET ADDRESS	309 HARBOR DR		1.3 STREET ADDRESS	309 HARBOR DR.		
CITY-ST-ZIP	BELLEAIR FL			BELLEAIR BEACH	#L. 33786	
TITLE	DS	DELETE	2.1 1114.6	/ S	Change Addition	
NAME	SZASZ, MARY	•		SZASZ MARY		
STHEET ADDRESS	309 HARBOR DR		2.3 STREET ADDRESS	309 HARBOR DR.		
CITY-ST-ZIP	BELLEAIR BEAH FL		2.4 CHY-ST-ZIP 2	BELLEAIR BEACH T	EL. 33726	
TETLE		☐ DELETE	3.1 TITLE	V	Change Addition	
NAME			3.2 NAME	SZASZ ROBERT 355 (2 TH AUG N.		
STREET ADDRESS			3.3 STREET ADDRESS	355 (214 AUE N.		
CITY-ST-ZIP				NOIAN BOCKS BEACH		
TITLE		☐ DELETE	41 THLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE	i	DELETE	6.17016		Change Addition	

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 Statules. 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 eath; that I am an officer or director of the corporation or the receiver cylinated empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or the process of the corporation of the corporation of the corporation of the receiver cylinated empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or the process of the corporation of

6.4 CITY - \$1 - ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREE1 ADDRESS

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DELETE

(U/3) Dr (-A 294

Change

Addition