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Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000071119 (9)

1. Corporation Name

VICKERS INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7745 S FLORIDA AVE
FLORAL CITY FL 34436-0296
US

PO BOX 912
FLORAL CITY FL 34436-0296
US

2. Principal Place of Business

2a. Mailing Address

21 8294 E. ORANGE AVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FLORAL CITY, FLORIDA

28 FLORAL CITY, FLORIDA

24 Zip

25 Country

29 Zip

30 Country

34436

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOVACH, MICHAEL T
7731 OLD FLORAL CITY ROAD
FLORAL CITY FL 34436-0296

81 Name KOVACH, MICHAEL T
82 Street Address (P.O. Box Number is Not Acceptable)
203 COURT HOUSE SQUARE
83
84 City FLORAL CITY FL 85 Zip Code 34450

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D	VICKERS, CHARLES W III	6351 S INLET POINT FLORAL CITY FL 34436	<input type="checkbox"/>
	D	VICKERS, JESSIE	6351 S INLET POINT FLORAL CITY FL 34436	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

Charles W. Vickers

2-23-98

CP2E034 (10/97)