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

DOCUMENT # P94000071119 (9)

VICKERS INVESTMENTS, INC.

FILED Mar 02 1998 8:00am Secretary of State

11011011	o millormativo mo.				
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		,6 1000 I 1100 I 1100 I 11010 I III I III I
7745 \$ FLORIDA AVE FLORAL CITY FL 34436-0296 US		PO BOX 912 FLORAL CITY FL 34436-0296 US		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 09/26/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 8294 6. OFANGE AVE		SAME		59-3277236	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o. Continuate of Clarical Doorses	Fee Required
23 Floral City Florion		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 344 3	9, Name and Address of Current I	[29] Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
KOVACH, MICHAEL T					-
7731 OLD FLORAL CITY ROAD FLORAL CITY FL 34436-0296 82 Street Address (P.O. Bbx Number is Not Acceptable) 83 City FL B5 Zip Code 94/45 O 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, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent i	and title if applicable (N	OTE: Registered Agent signature re-	ouired when reinstating) DA	ATE.
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	VICKERS, CHARLES W III		1.2 NAME		
STREET ADDRESS	6351 S INLET POINT		1.3 STREET ADDRESS		
CITY - ST - ZIP	FLORAL CITY FL 34436	DELETE	1.4 CITY-ST-ZIP		Dittanta Diddition
TITLE	D MOVEDO JEGOJE	DELETE	2.1 TITLE		Change Addition
NAME OVEREZ ADDRESS	VICKERS, JESSIE 6351 S INLET POINT		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	FLORAL CITY FL 34436		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	TEOTIVE OFF TE OFFICE	DELETE	31 TITLE	······································	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DEFE1E	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CITY-S1-ZIP		Change Addition
TITLE SLAR OF		L. DELETE	61 TITLE		Cuange C Modition
NAME CTOSET ADDOSESS			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		,
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	er 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 changes, of or un attachment with an address.					

MANATURE.

a W. Vustes

2-23-73

CRZEC