5.2.97 B- 6228 -NC TLE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400083408 (2)

TYPICAL INVESTMENTS, INC.

(1) Oth Milatolimental mass						
Principal Place of Business	Mailing Address					

FILED
May 02 1997 8:00am
Secretary of State



1736 IMPERIAL PALM DRIVE APOPKA FL 32712		1736 IMPERIAL PALM DRIVE APOPKA FL 32712-2400					
					3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last 05/01/1996	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	1	Applied For
21		26			59-3293807		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Stat	е	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Countr 30	У	8. This corporation has liability for i	ntangible tax under] Yes	s. 199.032,
24	25] 9. Name and Address of Cu	rrent Registered Agent	1301		10. Name and Address of New Re		
i E	PACH, DAVID J		8.	Name		<u> </u>	
	BAYWOOD AVENUE			Ctrop Add	lress (P.O. Box Number is Not Acceptab	Jo)	
	NGWOOD FL 32750		82	1	iress (r.O. Box Number is Not Acceptat		
			8:	3			
			84	City		85 Zi	o Code
		2120	<u> </u>	L	poration submits this statement for the p	FL 3	ilo conistara -
office or i	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o	tato of Florida. Such change wa	is authorized £	ny the comora	ation's board of directors. I hereby accep	of the appointment a	as registered
SIGNATURE	Signature, typed or printed name of registero	d ager Land life if applicable (f)	OTE: Registered A	gest signature requ	uired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12
TITLE	D	DELETE	1,1 TIME			Change	Addition
NAME	LEPACH, DAVID J SR.		1,2 NAM				
STREET ADDRESS	1738 IMPERIAL PALM DR.		1.3 S1RE	E1 ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY	-S1 - 7/P			
TITLE		☐ DELETE	2.1 TITLE			Changi	Addition
NAME			2.2 NAM				
STREET ADDRESS			2.3 \$1RE	ET ADDRESS			
CITY-ST-ZIP		Polity	2 4 CITY			Chana	Addition
TITLE		L_J DELETE	3 1 1111			☐ Chang	Addition
NAME			3.2 NAMI				
STREET ADDRESS				(1 ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE			Chang	a Addition
TITLE NAME		Em Dett IE	4 2 NAM				- Name of Participation
NAME STREET ADDRESS			1	F1 ADDRESS			
CITY-ST-ZIP			4 4 CHY				
TITLE		DELFTE	51 71118			Chang	c Addition
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			
City-ST-ZIP			5.4 CHY	1			
TITLE		☐ DELETE	6.1 11111			☐ Chang	e Addition
NAME			6 2 NAM	£			
STREET ADDRESS			6.3 STRE	ET ADORESS			
CITY-ST-ZIP			G 4 CITY	· S1· ZIP			
## 1 de 1 de 1	to the second of	and the state of t	valify for the ex	.acontinu alak	ed in Coation 110 07/2\(ii) Elevida Statute	se Uturther certify th	at the

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Forda Statutes. Former 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 exposured 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.

IONATURE / RESIDENCE OF CHILD

4/28/97 40%

402.834.676