SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P95000 NVESTMENT INC.	009201 (1))						
Principal Place of Business Mailing Address						- I IOO II AOO I FIFE I IO IOO IO II II II II II II II II II		18169 18668 1684 B	0101 100f HDDA
61 BAY COLONY DR 61 BAY COLONY DR									
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308									
						DO NOT WRITE	_		D
						3. Date Incorporated or Qualified	1	Date of Last	•
9 Principal P	lace of Business	2a. Mailing Address				02/03/1995 4. FEI Number)6/ <u>19/1996</u>	Applied For
21	idea of business	26				65-0577111			ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						Additional	
22		27			5. Certificate of Status Desired	Ш		Required	
City & State	Э	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has pa	id the c	current year la	ntangible
24	25	29	30			Personal Property Tax due June			□ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	glatere	d Agent	
	KER, HAROLD			61	Name				
61 BAY COLONY DR				82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
FT LAUDERDALE FL 33308				-					
				83					
				84	City			85 Zic	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607, 1508. Florida Stat	utes, the at	L_L bove-i	named corp	oration submits this statement for the c	Ourpose	of changing	its registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	authorize	d by t	he corporat	oration submits this statement for the pion's board of directors. I hereby accept	ot the ar	ppointment a	s registered
SIGNATURE	Trianinal Man, and doopp the obliga	1013 01, 00011017 007.0000, 1	ionea ola	10100.					
				d Agent	signature requir	ed when re:nstaling)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	JERS A		
TITLE	DELETE		1	1.1 TITLE				☐ Change	☐ Addition
NAME	ACKER, HAROLD 61 BAY COLONY DR		1.2 NAME						
STREET ADDRESS	FT LAUDERDALE FL 33308			TREET AL					
CITY-ST-ZIP	PT DADDENDALE PL 33308	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition
TITLE								[_] Criange	L.J Addition
NAME OVERT ADDRESS			2.2 N/		00100				
STREET ADDRESS				THEET AC					
CITY-ST-ZIP TITLE		DELETE	2. 4 U	TIF	- 2117			Change	Addition
NAME			3.2 N/						
STREET ADDRESS			•	TREET AL	DORESS				
CITY-ST-ZIP				11Y-ST-					
TITLE		DELFTE	4.1 TI					☐ Change	☐ Addition
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 \$1	TREET AC	ODRESS				
CITY-ST-ZIP			4.4 C	ITY-ST-	ZIP				
TITLE	,	☐ DELETE	5.1 Ti	TLE				Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$1	IREET AL	DORESS				
CITY-ST-ZIP				11Y - S1 -	ZIP				
TITLE "		☐ DELETE	6.1 71					Change	Addition
NAME			6.2 N						
STREET ADDRESS			6.3 S	TREET AS	DDRESS				

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), Fiorida 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 gh an attachment with an address.

FILED

Sep 19 1997 8:00am

Secretary of State