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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012857 (5)

LOT OWNERS INVESTMENT CORPORATION

	WHEND HAVESTALLAY OO	III OHAIION							
Principal Plac	ce of Business	Mailing Address				TO THE PROPERTY OF STATE OF STATE STATES OF ST	ABSUL MAIAL DIA	M 1126) (819) D	1411 I TO 1 ITO 1
3333 26TH AVE E		3333 26TH AVE E							
#1119		#1119			DO NOT WRI	TE IN THIS	SPACE		
BRADENTON FL 34208 BRADENTON FL 34208			94206			3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·	0.7.02	
[02/08/1995			
2. Principal F	Place of Business	2s. Mailing Addres	ss			4. FEI Number		A	pplied For
21		26				65-0556843			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired			Additional
22	1.	City & State							equired
City & Star	l e	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes or has			
24	25	29	30			Personal Property Tax due Ju] No
	9. Name and Address of Curr			.]		10. Name and Address of New I		Agent	
G/A	AUTHIER, HOWARD			81 N	ame				
	33 26TH AVE E			82 St	reet Addre	ss (P.O. Box Number is Not Accept	table)		
	1119			L			· · · · · · · · · · · · · · · · · · ·		
BR	PADENTON FL 34208			83					
				84 Ci	ty		P-1	85 Zip	Code
dd Durayaat	to the provisions of Sections 507.0	E02 and 607 1509 Florida	Ctatuton the	20010 00	mad carea	ration submits this statement for the	FL	foboogiag	ita registered
office or	registered agent, or both, in the Sta	ate of Florida. Such change	e was authorize	ed by the	corporatio	n's board of directors. I hereby acc	ept the app	ointment as	registered
agent. I a	am familiar with, and accept the obl	ligations of, Section 607.0	505, Florida Sta	atutes.					
SIGNATURE	Signature, typed or brinled name of registered a	agent and title if applicable	(NOTE: Register	ed Agent sig	nature required	(when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable	(NOTE: Register		nature required	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
		····	13.		nature required			DIRECTOI	RS IN 12
12.	OFFICERS A	AND DIRECTORS	13. ETE 1.1.7		nature required				
12. TITLE	P AUSTIN, JOHN A 3333 26TH AVE E #1119	AND DIRECTORS	13. ETE 1.1.1 1.2.N	TITLE					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUSTIN, JOHN A 3333 26TH AVE E #1119 BRADENTON FL 34208	AND DIRECTORS	13. ETE 1.1.1 1.2.M 1.3.5 1.4.0	TITLE NAME STREET ADDR CITY-ST-ZIP	ES\$			Change	☐ Addition
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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 or an alfactment with an address.