

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90093 050 ***150.00

DOCUMENT # P95000035111

1. Corporation Name
AZTEC INVESTMENT CORP.

Principal Place of Business
1329 EAST S.R. #436
STE. 107
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
1329 EAST S.R. #436
STE. 107
ALTAMONTE SPRINGS FL 32701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1995

4. FEI Number

59-3312674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 801 N. Magnolia Ave. Suite 301

26 801 N. Magnolia Ave. Suite 301

22 ~~801 N. Magnolia Ave. Suite 301~~

27 Suite 301

23 Orlando, Florida

28 Orlando, Florida

24 32803 25 U.S.

29 32803 30 U.S.

9. Name and Address of Current Registered Agent

DOWD, BOB
1329 EAST S.R. #436
STE 107
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name DOWD, BOB
82 Street Address (P.O. Box Number is Not Acceptable)
801 N. Magnolia Ave.
83 Suite 301
84 City Orlando FL 85 Zip Code 32803

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

1-6-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWD, H. ROBERT	
STREET ADDRESS	792 BRIGHTWATER CIR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSON, RANDALL	
STREET ADDRESS	70 AVE C	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHURCH, SUZANNE	
STREET ADDRESS	6720 BRITTANY CHASE CT	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

841 9955

Date

Daytime Phone #

CR2E034 (11/98)