## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	996	Secre DIVISION O	tary of St CORPO		ONS				
	MENT # <b>P950</b>	00037649 (	7)						
	R INVESTMENT, INC.								
incipal Place of Business Mailing Address									
	2105 NELA AVE ORLANDO FL 32809  2105 NELA AVE ORLANDO FL 32809								
						3. Date Incorporated or Qualified 05/10/1995	3a. Date	of Last Re	port
Principal Plac	ce of Business	2a. Mailing Address				4, FEI Number			pplied For lot Applicable
Suite, Apt. #,	, etc	Suite, Apt. #, etc.				5, Certificate of Status Desired		•	Additional tequired
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			) May Be I to Fees
Ζιρ	Country 25	Z <sub>I</sub> p	30	ountry		This corporation has liability for Florida Statutes			
	9. Name and Address of Curr					10. Name and Address of New F	legistered .	Agent	
	<del>*</del>			81	Name				
JACOBSON, CHARLES J				82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
	URLEW RD				Street Addi	1633 (1.16)			
SUITE 7				83					
, PALM F	HARBOR FL 34683			84	City			B5 Zip	Code
				1	'	ration submits this statement for the pu	<u>FL</u>	1 1	
familiar With	nd agent, or both, in the state of Hin, and accept the obligations of, Se	ection 607.0505, Honda Statuti	es.			ad when reinstating)	DATE		
		AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OF			
F	D	☐ DELETE	1.	1 TITLE			[	Change	☐ Addition
í	BINDER, RAY		1.	2 NAME					
EL ADDRESS	2105 NELA AVE		1.	3 STREE	T ADDRESS				
-SEZIP	ORLANDO FL 32809	El profit			ST-ZIP			Change	Addition
;	DINDED CANDDA	DELETE		1 TITLE				_1 0.4.9	
'E	BINDER, SANDRA 2105 NELA AVE			2 NAME a stace	T ADDRESS				
ET ADDRESS	ORLANDO FL 32809				ST-ZIP				
S1-7iP F	D	DELETE		1 TITLE			]	Change	☐ Addition
Ni	BINDER, JAMES L	<u> </u>	3	2 NAME					
re : Address	3667 SOPE CREEK FARM	A	3	3 STREI	ET ADDRESS				
7-\$1- <b>7</b> IP	MARIETTA GA 30067		3	4 City-	ST-ZIP				
.F		DELETE	4	1 TITLE		7000017 -03/15/9601	計デゴ	⊒+£Chanige 11 Q	☐ Addition
Ví				2 NAME		***200.00	OII U	UJ	
EEL ADDR/SS					ET ADDRESS	·······································			
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l F		C) perete	•	1 TITLE 2 NAME			'	o.mige	
M:				2 NAME	ET ADDRESS				
RELUADORESS					-ST-ZIP				
: S: 7 <u>12</u> U		DELETE						Change	Addition
		I I DILLETE	■ rs	1 THILE	; 1			Change	L.J. Addition
IAMi		Dotter		1 HILL 2 NAME				Change	<b>\</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STEEL LADDRESS

OF SIGNING OFFICER OR DIRECTOR

770-988-946Z Daylinie Priorie #