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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000045882 (4)

## FILED Apr 21 1998 8:00am Secretary of State

1. Corporation MCQU/ Principal Place 2792 TOWNS JACKSONVILI	AIG INVESTMENTS, INC.  Te of Business  END BLVD.	Mailing Address  2732 TOWNSEND BLVD. JACKSONVILLE FL 32211	·· ··		
		WHO THE SEEL OF SEEL		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
Principal P	lace of Business	2a. Mailing Address		06/08/1995 4, FEI Number	
21	in the second se	26		59-3317345	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	[28]	1	Trust Fund Contribution	Added to Fees
24	25	Zip  29	Country 30	8, This corporation owes or has paid the	
	Name and Address of Curre		[30]	Personal Property Tax due June 30.  10. Name and Address of New Register	
GA	EENE, THOMAS H JR		81 Name	10.	
225	5 WATERS STREET, #2222		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	***
JAC	CKSONVILLE FL 32202			1000 (1.0) Dox Horrison is Not Accoptable)	
			83		
			84 City		<b>85</b> Zip Code
	10000				•L     '
office or re	egistered agent, or both, in the State	oz and 607. 1508, Florida Statuk e of Florida. Such change was a	es, the above-named corpora	poration submits this statement for the purposition's board of directors. It hereby accept the	e of changing its registered appointment as registered
	ит тапива мло, вло ассерт те орц	jations of Section 607.0595, Fig	onda Statules.		
SIGNATURE	Signature, type-Lor porten name of registerest ag	jert and to if appt cable (NOTE	Registered Agent signature requi	red when re-ostating) DA1	· · · · · · · · · · · · · · · · · · ·
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TIFLE .	0	L_J DELETE	1.1 101.0		☐ Change ☐ Addition
NAME	MCQUAIG, DAWSON		1.2 NAME		
STREET ADDRESS	2732 TOWNSEND BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32211	DECENE.	1.4 CITY - ST - ZIF		
NAME		∟ bretit	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS 2 4 CHY-ST-ZIP		
TITLE	<del> </del>	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>		4.4 CITY - ST - ZIP		
TITLE		□ beth£	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		- Nu Fir	5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME CIDECT ADDRESS			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		į
CITY-ST-ZIP	ertify that the information supplied w	ith this bline close not conside to	r the exemption stated in	Section 119 07/3Vi) Florida Statutos 1 (urthor	applifuth at the information

4. 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 fifect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted employed to execute this report as required by Chapter 80', Florid. Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.