

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

**FILED**  
**Mar 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000063420 (0)**  
 1. Corporation Name  
**INVESTMENTS, HOBBIES & COMMODITIES CORPORATION**



Principal Place of Business <b>4839 S.W. 148TH AVENUE                  SUITE 413                  DAVIE FL 33330</b>	Mailing Address <b>4839 S.W. 148TH AVENUE                  SUITE 413                  DAVIE FL 33330</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/14/1995</b>	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number <b>65-0616989</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent**

**COWART, GARY**  
**4839 SW 148TH AVE #413**  
**DAVIE FL 33330**

**10. Name and Address of New Registered Agent**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

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 of 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b>	<b>COWART, GARY</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME
	<input type="checkbox"/> DELETE	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.

**SIGNATURE:** *[Signature]* **DIRECTOR** **11/15/98 (954) 466 7056**

CR2E034 (10/97)