**FILED** 

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90004 035 \*\*\*158.75

## 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

## DOCUMENT # P95000063420

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

INVESTMENTS, HOBBIES & COMMODITIES CORPORATION

Principal Place of Business Mailing Address								
4839 S.W. 148T	'H AVENUE	4839 S.W. 148TH AVE	NUE					
SUITE 413	,	SUITE 413 DAVIE FL 33330				DO NOT WRITE IN THIS	SPACE	
DAVIE FL 33330	,	DRAIL LE 33330				3. Date Incorporated or Qualified		$\overline{}$
	•					08/14/1995		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				65-0616989	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		untry	• •	8. This corporation owes the current year In		
24	25	29	30			Personal Property Tax.	-{ Yes	□No
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
COM	/ART, GARY			"	(Valilie			
	SW 148TH AVE #413			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
,	E FL 33330			83				
				63				
	· _	•		84	City	FL	85 Zip	Code
		0 1 CO7 4500 Fladda C	tatutaa tha	1	nomed corns	pration submits this statement for the purpose of	-     Lebanging its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change w	as authorize	d by t	he corporation	n's board of directors. I hereby accept the appo	intment as re	gistered
agent. 1 a	m familiar with, and accept the obliga	tions of, Section 607.0505	, Florida Sta	tutes.				
SIGNATURE	Signature, typed or printed name of registered agei	at and title if applicable	NOTE: Pagistara	d Agent	signature required	when reinstating) DATE		
12.	OFFICERS AN		13.		. organica o required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	D	DELET		TILE			Change	Addition.
NAME	COWART, GARY		1.2 N	IAME				
STREET ADDRESS	4839 S.W. 148TH AVENUE, #4	113	1.3 S	TREET	ADORESS			,
CITY-ST-ZIP	DAVIE FL 33330		1.4 0	TY-ST	-ZIP			
TITLE		☐ DELET		TILE			Change	☐ Addition
NAME			2.2 N	IAME				}
STREET ADDRESS			2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP			2.40	CITY-ST	r-zip			
TITLE		☐ DELET		TILE			Change	Addition
NAME	· ·		32N	AME	ľ			
STREET ADDRESS			3.3 8	STREET	ADDRESS			
CITY-ST-ZIP			3,4,0	CITY-ST	r-ZIP			
TITLE		☐ DELET		ITLE			Change	☐ Addition
NAME			4.20	NAME				1
STREET ADDRESS			4.3 9	STREET	ADDRESS			
CITY-ST-ZIP			1	CITY-ST				
TITLE		☐ DELET		ITLE			☐ Change	☐ Addition
NAME			5.2 N	VAME				
STREET ADDRESS	,		5.3 9	STREET	ADDRESS			Ì
CITY-ST-ZIP			5.4 0	CITY-ST	-ZIP			
TITLE		☐ DELET	E 6.1 T	ITLE			☐ Change	☐ Addition
NAME			6.2	NAME				
STREET ANDRESS	,		6.3 8	TREET.	ADDRESS			

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 trastee 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 attectment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

GARY (COWART) SIGNATURE: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR