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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

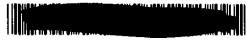
Secretary of State **DIVISION OF CORPORATIONS**

1998 P95000070839 DOCUMENT #

INTERIM Investments, Inc 3-10-68

noipal Place of Business

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business 1137 BLACKHAWK WAY PO BX 15572 TALL FL 32312 TALL FL 32317 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 09/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For ABO Pale Tiger 59-3333910 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country Zio 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. ☑ Yes ☐ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BEATY, ALICE A 1137 BLACKHAWK WAY 82 Street Address (P.O. Box Number is Not Acceptable) TALL FL 32312 83 84 City 85 Zip Code FL 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change 1.1 TITLE BEATY, ALICE A NAME 1.2 NAME 1137 BLACKHAWK WAY STREET ADDRESS 1.3 STREET ADDRESS TALL FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP **70000251755** -05/08/98--01101--029 DELETE TITLE 6.1 TITLE NAME 62 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS 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: