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

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FILED May 10, 1999 8:00 am Secretary of State

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DOCU	MENT # P95000	070839			1111	
i. Corporation	INVESTMENTS, INC.					
IN I CLIINI	HANESTIMENTS, HAC				t darmast ma eatha ainte arth abhr abhr agun 1886 Cairt	
Principal Place	of Business	Mailing Address				ININE IIIN INI INNE
Principal Place of Business Mailing Address 2480 PALE TIGER Y PO BX 15572						
TALLAHASSEE FL 32308 TALL FL 32317						
us		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 09/14/1995	}
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 1304 Conservency Dr. East 26					59-3333910	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.7	5 Additional—
22 - 27					5. Certifcate of Status Desired Fee	Required
City & State City & State					· · · · · · · · · · · · · · · · · · ·	00 May Be
23 Tallahasce Fla 28					Trust Fund Contribution Add	ed to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible Personal Property Tax	□No
24 3256	25		10		Personal Property Tax.	
<u> </u>	9. Name and Address of Curren	t Registered Agent	81	Name		
BEATY, ALICE A						
1137 BLACKHAWK WAY				Street	Address (P.O. Box Number is Not Acceptable)	
TALL FL 32312			83		10.15	
			-	-		Zip Code
			84		FALLAHASSEE Fla FL 1833	23/2
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abov	e-named	d corporation submits this statement for the purpose of changing	g 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:			nt signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
12.	OFFICERS AND DIRECTORS PD DELETE		13.		PP Chair	
TITLE NAME			1.2 NAME		AliceABeaty 1304 Conserving Dr East Tallahassee, Pla 32312	
STREET ADDRESS			1.3 STREET ADDRESS		1204 Conserviny Dr East	
CITY-ST-ZIP	TALL FL		1.4 CITY-ST-ZIP		Tallahasse Pla 32312	
TITLE	☐ DELETE		2.1 TITLE		Chai	nge Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREE	TADDRESS	s	}
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP		
TITLE	☐ DELETE		3.1 TITLE		☐ Cha	nge Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS	s	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	☐ Cha	nge Addition
TITLE		☐ DELETE	4.1 TITLE		Doug	inge 🖸 Addition
NAME			4. 2 NAME		_	Ì
STREET ADDRESS	ı			TADDRESS	S	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	☐ Chai	nge
TITLE			5.1 TITLE 5.2 NAME			
NAME STREET ADDRESS				TADDRESS	s	
	i		5.4 CITY-5			}
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Cha	nge 🗌 Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS	s	
CITY-ST-ZIP			6.4 CITY-5	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, with all other like empowered.

SIGNATURE: