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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000075314 (1)

TOLLEY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State



849 PERUVIAN AVENUE. SUITE 2 PALM BEACH FL 33480			249 PERUVIAN AVENUE. SUITE 2 PALM BEACH FL 33480-4635				
					3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last f	Report
2. Principal P	Place of Business	28. Mailing Address	28. Mailing Address		4. FEI Number	A	pplied For
21		26			65-0611267	i N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		—	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	h		Countr	у	8. This corporation has liability for i		s. 199.032,
24	25 29 :			0 Florida Statutes Yes X No 10. Name and Address of New Registered Agent			
***		ient uedistelen waen	81	Name	TV. Name and Address of New Ite	gistored Agent	
	LEY, BRAD						
249 PERUVIAN AVE SUITE II			82	Street Add	iress (P.O. Box Number is Not Acceptab	ile)	
	M BEACH FL 33480		83	3			
			84	City		■■ 85 Zip	Code
						- FL	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	ites, the above	ve-named cor	poration submits this statement for the p ttion's board of directors. I hereby accep	urpose of changing of the appointment a	its registered s registered
agent. I a	am familiar with, and accept the ob	ligations of, Section 607.0505, Fi	lorida Statute)S.	month books of chooses the early makes	of the appearance of	
SIGNATURE							
12.	Signature typed or printed name of registered	agent and tile if applicable (NO AND DIRECTORS	16: Registored Ag	gent signature requ	ried when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 1111.6	_	7,00171010,0171102010	☐ Change	Addition
NAME	TOLLEY, BRAD	1					
STREET ADDRESS	249 PERUMAN AVE			T ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY - ST - ZIP				
TITLE	DE		2.1 111LE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.8 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY	- ST - ZIP			
TITLE	DELETE		31 TITLE			☐ Change	Addition
NAME			3 2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE			3.4. City 4.1 Title	- 51 - 214		Change	Addition
NAME		had been th	4 2 NAM	E			
STREET ADDRESS				FT ADDRESS			
CITY-ST-ZIP			4.4 CHY-				
TITLE			5.1 TITLE		☐ Change ☐ Ac		Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREI	FT ADORESS			
CITY-ST-ZIP			5.4 CITY-		<u></u>		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				F1 ADDRESS			
CITY-ST-ZIP			6.4 C(TY-	\$1-ZIP			

Ido 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 logal 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.

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