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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091304

513 INVESTMENTS, INC.

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90007 015 ***150.00



Principal Place	e of Business	Mailing Address			1	•
513 U.S. HIGHV	VAY ONE	513 U.S. HIGHWAY ONE				
SUITE 107		SUITE 107				
	BEACH FL 33408	NORTH PALM BEACH FL 334	408		DO NOT WRITE IN T	HIS SPACE
US		US			Date Incorporated or Qualified	
					11/30/1995	
- 5: : : 15	(D	2a. Mailing Address			4. FEI Number	Applied For
	ace of Business				1 "	<u> </u>
21		26]			65-0636688	Not Applicable
. Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
22	•	27			5. Commodition of Challed Dodnes	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intensible
<u> </u>		- - -		•		☐ Yes ☐ No
24	25	1771	30		Personal Property Tax.	
	9. Name and Address of Current				10. Name and Address of New Register	ec Agent
	The second of the		81	Name		-
M.&.	W AGENTS, INC.		82	Stroot Add	tress (P.O. Box Number is Not Acceptable)	-
PEN	THOUSE I		02	Sueet Add	ress (F.O. DOX Number is Not Accommon	
9100	SOUTH DADELAND BLVD.		83	 	[1] [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	ing 13 for 1,324 to 11 (35)2 ht 1421
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				1	t t	-┗-
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abov	e-named cor	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State of	of Florida∛ Such change was aut	thorized by	the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
⊝⊜agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flore	oa Statutes	S.		·
SIGNATURE		· 100			ad when reinstating)	
	Clearly bread as existed some of registered agent	t and title if englishble (MOTE: 5				
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		ni signature requir	to which remaining)	
12.	OFFICERS AND	D DIRECTORS	13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		· · · · · · · · · · · · · · · · · · ·		nt signature requir	to which remaining)	
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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

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP