FILED Apr 20, 1999 8:00 am Secretary of State

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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 # P9600001724

1. Corporation Name

LBJ INVESTMENTS INC

Principal Place of Business Mailing Address							44 111 24 111 22 121 11211 11		
901 PROGRESSO DR. & S			PROGRESSO DR. 48						
FT. LAUDERDALE FL 33304		FT. LAUDERDALE FL 33304				DO NOT WINTE IN THIS COACE			
US US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
						01/02/1996			
- 5 - 15		T a -	Mailing Address			4. FEI Number		Applied For	
<u> </u>	ace of Business	 	Mailing Address			65-0628701	<i>,</i> \vdash	Not Applicable	
Suite, Apt. #, etc.		26	Suite. Apt. #. etc.				\$8.7	5 Additional	
Suite, Apt.	w, 616.	27	-18			5. Certifcate of Status Desired		Required	
City & State		<u> </u>	City & State			e Floation Compaign Financing	\$5.0	00 May Be	
23			28			Trust Fund Contribution Added to Fees			
Zip	Country Zip			Country		8. This corporation owes the current year Intangible			
24	25 29			30		Personal Property Tax.			
	9. Name and Address of Current	Regis	tered Agent			10. Name and Address of New Re	gistered Agent		
A				81	Name	NIDER . JUANIT	4 ~	Į	
	ER, JUANITA J			82	Street	Iress (P.O. Box Number is Not Acceptable	le)		
	NE 31ST CT.				901	PROGRESSO DR U	10		
LIGH	THOUSE POINT FL 33064			83	Ear		5 1	1	
				84	City	LAUDERDALE	85 Z	ip Code	
							FL	33304	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statutes	s, the above	-named	poration submits this statement for the pu	rpose of changing	its registered	
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florid ons of	da. Such change was aut . Section 607.0505. Florid	nonzed by da Statutes	the corpo	ion's board of directors. I hereby accept to	me appointment as	registered	
•	Triangle trian, and accept the tringen		,,			•		l	
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: F	Registered Agen	it signature r	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRE		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D		☐ DELETE	1.1 TITLE			Chan	ge Addition	
NAME	SNIDER, JUANITA J			1.2 NAME			41.6		
STREET ADDRESS	1 940 NE 313T C T.		0	1.3 STREET	ADDRESS	OI PROGRESSO DR			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			1.4 CITY-S	T-ZIP	FOAT LAUDERDALE	FL 33	304	
TITLE			☐ DELETE	2.1 TITLE			☐ Chan	ge Addition	
NAME	1			2.2 NAME					
STREET ADDRESS				2.3 STREET	ADORESS				
CITY-ST-ZIP	•			2. 4 CITY-S	T-ZIP			T Addition	
TITLE			☐ DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	~ ⊡ Chan	ge · 🛅 Addition -	
NAME				3.2 NAME		•			
STREET ADDRESS				3.3 STREE	ADDRESS		•		
CITY-ST-ZIP				3.4. CITY-S	IT-ZiP			577 A 1 11/1	
TITLE	_		☐ DELETE	4.1 TITLE			☐ Char	nge 🗌 Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	TADORES\$				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE			Char	nge	
NAME				5.2 NAME				ļ	
STREET ADDRESS				5.3 STREET	ADDRESS			1	
C/TY-ST-ZIP				5.4 CITY-S	T-ZIP		<u> </u>		
TITLE			☐ DELETE	6.1 TITLE	-		Char	ge	
NAME				6.2 NAME				l	
CTDEET ADODESS				6.3 STREET	ADDRESS			1	

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.

6.4 CITY+ST+ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #