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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015170 (9)

INVICTUS HOLDINGS, INC.

| | | | | | | 1 | |
|---|--|--|----------------|--------------------|--|----------|--|
| Principal Place of Business Mailing Address | | | | | | | |
| 1560 MAPLE STREET CLEARWATER FL 34615 | | 1560 MAPLE STREET CLEARWATER FL 34615-5732 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1996 | , | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number Applied | For | |
| 21 | | 26 | | *** ******** | (9-376625) Not App | | |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Addition | | |
| 22 | | 27 | | | Fee Hequired | [| |
| City & State | e | City & State | | | 6. Election Campaign Financing \$5.00 May I | | |
| 23 | | 28 | C | | Trust Fund Contribution | | |
| Zip | Country | Zip | Country | | 8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes | 032, | |
| 24 | 25 Same and Address of Curre | | 30 | | 10. Name and Address of New Registered Agent | | |
| DDI' | ······································ | THE POSITION OF THE POSITION O | 81 | Name | 10, | | |
| | ZIN, JERRY | | | | | | |
| | 0 MAPLE STREET ARWATER FL 34615 | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| | ARMAIER PL 34013 | | 83 | | | | |
| | | | 84 | City | FL 85 Zip Code | | |
| A. Duraman | to the organization of Contract CO2 OF | .03 and 607 1609 Florida Statut | oc the above | named cor | reporation submits this statement for the nurrose of changing its regi | istered | |
| office or i | registered agent, or both, in the State | te of Florida, Such change was a | authorized by | the corpora | ation's board of directors. I hereby accept the appointment as regist | tered | |
| l agent La | im familiar with, and accept the obli | galions of Section 607.0505, Flo | orida Statutes | 10 | | | |
| SIGNATURE | Signature expect in principle of ruge levels | John State Constitution of the Constitution of | | N sometime | dired when reinstating) DATE | | |
| 12. | | ND DIRECTORS | 13. | ii digitatore roqu | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 | |
| THILE | D | DELETE | 11 TITLE | | | Addition | |
| NAME | DRIZIN, JERRY | | 1 2 NAME | | | | |
| STREET ADDRESS | 1560 MAPLE STREET | | 13 STREET | ADDRESS | | | |
| CITY - S1 - 7IP | CLEARWATER FL 34615 | | 14 CITY-ST | r-zip | | | |
| TILE | D | DELETE | 2 1 TITLE | | Change | Addition | |
| NAME | DRIZIN, RHODA | | 2.2 NAME | | | | |
| STHEET ADDRESS | 1560 MAPLE STREET | | 2.3 STREET | ADDRESS | | 1 | |
| CITY-ST-ZIP | OLD ADMINISTED OF A A A A A | | 2. 4 CITY - S | ST-ZIP | | | |
| TITLE | DELETE 3.1 | | 3.1 TITLE | | ☐ Change ☐ | Addition | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - S | J-ZIP | | | |
| Tille | | DELETE | 4.1 TITLE | | Change 🔲 | Addition | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIF | | | 4.4 CITY - S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITEE | | ☐ Change ☐ | Addition | |
| NAME | | | 5.2 NAME | } | | | |
| STREET ADDRESS | | | 5.3 STREE1 | ADDRESS | | | |
| CHY-SI ZP | | | 5.4 CITY - S | T-ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change | Addition | |
| NAME | | | € 2 NAME | | | | |
| STREET ADDRESS | | | 63STREET | ADDRESS | | | |
| CITY - S1 - ZIP | | | 64 CITY-S | .T- .Z IP | | | |

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this infinial 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 hange or or an attachment with an address.