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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021962 (1)

1. Corporation	INVESTORS INC.	70021002 (' '					
Principal Plac	e of Business	Mailing Address			<u> </u>			
·								
8215 STONER RD P.O. BOX 2118 LOT 517 RIVERVIEW FL 33568-2118								
RIVERVIEW FL 33569					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing				 	03/08/1996 4. FEI Number		I lan	plied For
21	idos of Business	26			" 		+-	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			59-3372642		\$8.75	
22		27	27		5. Certificate of Status Desired		Fee Re	pariupe
City & State	θ	City & State	¬ '		Election Campaign Financing \$5.00 May Be			May Be
		28			Trust Fund Contribution		Added t	o Fees
Zip			Count	6. This comportation of the part the culture year		_	- ~	
24	25	25 29 30 e and Address of Current Registered Agent			Personal Property Tax due June 30. X Yes J No 10. Name and Address of New Registered Agent		J No	
		rent Registered Agent	8	1 Name	10. Name and Address of New H	aBisteten või		
KONITZER, PHYLLIS E				1				
8215 STONER RD			8:	2 Street Addi	ress (P.O. Box Number is Not Accepta	ıble)		
LOT 517			8:	3				
RIVERVIEW FL 33569			Ľ					
			8-	4 City		FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida S	atutes, the abo	ve-named corp	poration submits this statement for the tion's board of directors. I hereby acce		anging it	s registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida, Such change villigations of Section 607 0505	as authorized t	by the corporal	tion's board of directors. I hereby acce	pt the appoin	tment as	registered
				Leplas	X. Kritin	1/201	198	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered A	gen signature requi	red when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	OP .	DELETE 1.1					Change	Addition
NAME	Norwice		1.2 NAME					
STREET ADDRESS				ET ADDRES\$				
CITY-ST-ZIP	RIVERVIEW FL 33569			- ST - ZIP			Change	Addition
TITLE	DV		2.1 TITLE 2.2 NAME			L	1 Miguille	☐ Muliion
NAME CTOTET ADDOCCE	KONITZER, GENE A			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			2.4 CITY	1				
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NAME			3.2 NAME	- 1		-	•	•
STREET ADDRESS				ET ADDRESS				
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TITLE		DELETE					Change	Addition
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STREET ADDRESS			4 3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 City-	ST-ZIP				
TITLE		☐ DELETE 5					Change	Addition
NAME	57		5 2 NAME	:				
STREET ADDRESS			5 3 STREE	et address				
CITY-ST-ZIP	. r		5.4 CITY				T nu	
TITLE	40	☐ DELETE				L) Change	Addition
NAME	v .		6.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY.ST. 7IP			64 CITY-	. QT. 7IP I				

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.