## 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 # P96000023319

F & LI INVESTMENTS, INC.

| Principal F   | Place of Business  | Mailing Address  |  |  | T (BBE) BBE 11 Bill Bill Bette BBett BBett Gerid isang inda titur is               | 0(8 191) 1901              |
|---|--|--|--|--|--|----------------------------|
| 711 W. HIL  |  | 711 W. HILDA   |  |  |  |                            |
| TAMPA FL  |  | TAMPA FL 33603   |  |  |  |                            |
|   |  |  |  |  | DO NOT WRITE IN THIS SPACE   |                            |
| -   |  |  |  |  | 3. Date Incorporated or Qualifed   | ļ                          |
|   |  |  |  |  | 03/14/1996   | lied For                   |
| 2. Princip  | al Place of Business   | 2a. Mailing Address  | -:   |  | <del>-,</del>  |                            |
| 21  |  | 26   |  |  |  | Applicable                 |
| — ·   | Apt. #, etc.   | Suite, Apt. #, etc.  |  |  | 5. Certificate of Status Desired Fee Req   |                            |
| 22  |  | 27 Oit 8 State   |  |  |  |                            |
| City &  | State  | City & State   |  |  | 6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to           |                            |
| 23  | Country  | 28   | Cour   | itn.   | 11001.1110   |                            |
| Zip   | Country  | Zip  | 30   | iu y   | This corporation owes the current year Intangible     Personal Property Tax.       | JNo                        |
| 24  | 25<br>g. Name and Address of Currer  | 29   | 1301   |  | 10. Name and Address of New Registered Agent                                       |                            |
|   | g. Name and Address of Curren  | it Kalistelan Allem  | <del></del>  | 81 Name  | 10,  |                            |
| ĺ   | BARCIA, FRANK L  |  | ļ  |  |  | <u>.</u>                   |
| 711 W. HILDA  |  |  |  | 82 Street Ad   | ddress (P.O. Box Number is Not Acceptable)   |                            |
| •   | AMPA FL 33603  |  | ŀ  | 83   |  |                            |
| 1   |  |  | L  |  |  |                            |
|   |  |  |  | 84 City  | FL 85 Zip Co   | ode                        |
| AA Dumu   | tent to the provisions of Sections 607 050   | 12 and 607 1508 Florida Statu  | ites the at  | ove-named co   | exporation submits this statement for the purpose of changing its                  | egistered                  |
|   |  |  |  |  |  |                            |
| office  | or registered agent, or both, in the State   | of Florida, Such change was  | autnorizeo   | by the corpora   | ation's board of directors. I hereby accept the appointment as regi                | istered                    |
| office  | or registered agent, or both, in the State i. I am familiar with, and accept the obliga  | of Florida, Such change was  | autnorizeo   | by the corpora   | ation's board of directors. I hereby accept the appointment as regi                | istered                    |
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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.

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 5

TITLE

STREET ADDRESS

CITY-ST-ZIP

DELETE

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90137 044 \*\*\*150.00

☐ Addition

Change