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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000028403

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90003 036 ***150.00

ENTS, INC.	
into mo.	

	NVESTMENTS, INC.									
Principal Place of	of Business	Mailing Address								
09 MAR WALT D		909 MAR WALT DR	STE. 1014							
T. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547				DO NOT WR	ITE IN THIS	S SPACE				
					3. Date Incorp	orated or Qualifed				
						03/22/199	96			
	(D. danse)	2a. Mailing Address				4. FEI Numbe				lied For
2. Principal Pla	ice of Business	26				59-33767	49			Applicable
1		Suite, Apt. #, et	 c.			E Cortifonto o	f Status Desired		\$8.75 A	1
Suite, Apt. #	, etc.	27				5. Certificate C			Fee Red	
City & State		City & State		-		6. Election Ca	mpaign Financing		\$5.00	- 1
¬ '		28					Contribution		Added to	rees
Zip	Country	Zip	c	Country		1	ation owes the cu	rrent year Ir	ntangible ∐Yes	No
24	25	29	30			Personal P	roperty Tax.	Pagietoror		
	9. Name and Address of Curre	nt Registered Agent			-:	10. Name and	Address of New	Registere	ı Agent	
				81	Name					
	ER, WILLIAM S			82	Street Add	dress (P.O. Box Nu	mber is Not Accep	table)		Ĭ
	MAR WALT DR., STE. 1014									
FT. W	ALTON BEACH FL 32547			83						
				84	City			F	■ 85 Zip C	Code
							is statement for th		of obanging its	registered
44 B	to the provisions of Sections 607.05	602 and 607.1508, Florida	Statutes, the	e above	-named co	rporation submits to	tore I beceby acc	ent the app	ointment as re	gistered
agent. I an	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.05	05, Florida S	Statutes.		iked when reinstation)		DATE		
office or re agent. I an	m familiar with, and accept the oblig	ations of, Section 607.05	05, Florida S	Statutes.		iked when reinstation)	ctors. I hereby acc	DATE	AND DIRECTO	RS IN 12
office or reagent. I am SIGNATURE 12.	m familiar with, and accept the oblig Signature, typed or printed name of registered as	ations of, Section 607.05	05, Florida S	Statutes.		iked when reinstation)		DATE		
office or reagent. I an SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.05 gent and title if applicable. ND DIRECTORS	(NOTE: Registr	Statutes.		iked when reinstation)		DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A	pations of, Section 607.05 gent and title if applicable. ND DIRECTORS	(NOTE: Regist	tered Agent 13.	signature requ	iked when reinstation)		DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D FOSTER, WILLIAM S 909 MAR WALT DR., STE. 10	partiand title if applicable. UND DIRECTORS DEL	05, Florida S (NOTE: Regist 1 ETE 1	Statutes. tered Agent 13. 1.1 TITLE 1.2 NAME	signature requi	iked when reinstation)		DATE	AND DIRECTO	RS IN 12
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indicated on this annual report or supplemental annual report is the end accurate this report as require officer or director of the corporation or the receiver or trystee empowered to execute this report as require Block 12 or Block 13 if charged, or on an attachment with an articles, with all other like empowered.

SIGNATURE: