## 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

## FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90184 003 \*\*\*150.00

DOCUMENT # P9600037767  1. Corporation Name NEW ORLEANS INVESTMENT, INC.				
Principal Place of Business Mailing Address				- [
1867 SUN GAZI	ER DR	1867 SUN GAZER DR		
VIERA FL 32955 VIERA FL 32955				DO NOT WRITE IN THIS SPACE
US US				3. Date Incorporated or Qualifed
				04/26/1996
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number Applied For
2126		26		59-3386605 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
22			r ee requied	
City & State	е	28		6. Election Campaign Financing  Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax.  Yes No
	9. Name and Address of Current	nt Registered Agent		10. Name and Address of New Registered Agent
IOD	OIN DOCED A		81 Name	
JODOIN, ROGER A 1867 SUN GAZER DR			82 Street A	ddress (P.O. Box Number is Not Acceptable)
VIERA FL 32955			83	
,,,,,	2 02000			
			84 City	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second or printed name of registered age	int and title if applicable. (NOTE:	Registered Agent signature rec	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	DP OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	JODOIN, ROGER A		1.2 NAME	2 1
STREET ADDRESS	1867 SUN GAZER DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	VIERA FL 32955		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JODOIN, SUZANNE		2.2 NAME	
STREET ADDRESS	1867 SUN GAZER DR		2.3 STREET ADDRESS	* * * * * * * * * * * * * * * * * * *
CITY-ST-ZIP	VIERA FL 32955 DST	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME	JODOIN, ROGER A JR		3.2 NAME	
	1867 SUN GAZER DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	VIERA FL 32955		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS		•	4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	•
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
Cffy-St-zip			6.4 CITY-ST-ZIP	

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 adjurate 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 of trustee empowered by execute this reports required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on an adjust the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on an adjust the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the corporation of the

SIGNATURE:

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

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3.1099

79 636-2495 Daytime Phone # CR2E034 (11