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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051716 (4)

CFR INVESTMENTS, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			(442//6s; 110 10/10 01/11 201/1 00/14 20/14 00/10 (10/14 11/9/0 21/1 12/9			
2408 HARPER STREET		P O BOX 43250						
JACKSONVILLE FL		JACKSONVILLE FL 32203-3250			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					06/18/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		ΔΓ	oplied For
21		26			59-3392481			ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	
22		27			5. Certificate of Status Desired			equired
City & State	9	City & State		7.1	6. Election Campaign Financing	* *************************************	\$5.00	May Be
23		28			Trust Fund Contribution	🗅	Added	
Zip	Country	Zip	Col	untry	8. This corporation owes or has	paid the curre	nt year Int	langible
24	25	29	30		Personal Property Tax due Jui		_	No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered Ag	jent	
	eser, allen r			81 Name				
2406 HARPER STREET				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
JA	CK \$O NVILLE FL			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
				83				
				84 City			85 Zip	Code
				1 1 2		FL_		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	tutes, the a	bove-named co	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of c	hanging it	s registered
agent. I a	m familiar with, and accept the oblig	ations of Section 607.0505,	Florida Sta	tutes.	ation a board of directors. Thereby acc	opt the appoi	TRITION GO	registorea
SIGNATURE								
	Signature, typed or printed name of registered agr		. 	d Agent signature req	uired when reinstating)	DATE	UDEOTOE	1
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	CRAWFORD, ANDY		1.1 1	·		L	_ Change	AGOMION 1
NAME	8619 WESTERN WAY			IAME				13
STREET ADDRESS	* *		1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	VP			ITY-ST-ZIP		·	Change	Addition
	RAY, JR. J	ב טוננונ	DELETE 2.1 TITLE 2.2 NAME			_	_1 cuange	
NAME	2406 HARPER ST			ì				i
STREET ADDRESS	JACKSONVILLE FL			TREET ADDRESS				
CITY-ST-ZIP TITLE	VP	DELETE	2. 4 (3.1 T)	CITY-ST-ZIP			Change	Addition
NAME	FORNELL, RICHARD H.		3.1 N	·		_	_ Gridings	- 7,0011011
STREET ADDRESS	642 CARSWELL AVE			TREET ADDRESS				
	JACKSONVILLE FL			CITY-ST-ZIP				
CITY-ST-ZIP TITLE	VP	DELETE	4.1 7			7	Change	Addition
NAME	LEISER, ALLEN		4.21	l l		_		
STREET ADDRESS	2406 HARPER ST			TREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1	ITY-ST-ZIP				
TITLE	marsumer.	☐ DELETE	5.1 T	7. 5			Change	Addition
NAME			5.2 N	I .		_	. •	
STREET ADDRESS	Starter GASA		ı	TREET ADDRESS				
CITY-ST-ZIP	- State of the sta	5		TTY-ST-ZIP				
TITLE		DELETE	6.1 Ti		100		Change	Addition
NAME			6.2 N	•		_	·	_
STREET ADDRESS				TREET ADDRESS				
				ITY-ST-ZIP				1
CITY-ST-ZIP		100 100 100 100 100 100 100 100 100 100	0.4 0	na sireir	A 446.6576V3 Ft. 11.00.11		7 35 5 3	

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.

AIGNATURE: -----