


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

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Apr 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051716

1. Corporation Name
CFR INVESTMENTS, INC.



Principal Place of Business 2406 HARPER STREET JACKSONVILLE FL	Mailing Address P O BOX 43250 JACKSONVILLE FL 32203-3250
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7014 AC SKINNER PARKWAY Suite, Apt. #, etc. 22 SUITE 290 City & State 23 JACKSONVILLE FL Zip Country 24 32256 25 USA	2a. Mailing Address 26 7014 AC SKINNER PARKWAY Suite, Apt. #, etc. 27 SUITE 290 City & State 28 JACKSONVILLE FL Zip Country 29 32256 30 USA
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3. Date Incorporated or Qualified 06/18/1996	4. FEI Number 59-3392481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

LIESER, ALLEN R
2406 HARPER STREET
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	7014 AC SKINNER PARKWAY
83	SUITE 290
84 City	JACKSONVILLE FL
85 Zip Code	32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Brian M. Gabree **BRIAN M. GABREE** 3/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, ANDY
STREET ADDRESS	8619 WESTERN WAY
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	RAY, JR. J
STREET ADDRESS	2406 HARPER ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	FORNELL, RICHARD H.
STREET ADDRESS	642 CARSWELL AVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	LEISER, ALLEN
STREET ADDRESS	2406 HARPER ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GABREE, BRIAN
STREET ADDRESS	2406 HARPER ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAY, J. G. JR.
2.3 STREET ADDRESS	7014 AC SKINNER PARKWAY #290
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FORNELL, RICHARD H.
3.3 STREET ADDRESS	7014 AC SKINNER PARKWAY, #290
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LIESER, ALLEN
4.3 STREET ADDRESS	7014 AC SKINNER PARKWAY #290
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
5.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GABREE, BRIAN M.
5.3 STREET ADDRESS	7014 AC SKINNER PARKWAY #290
5.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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.

SIGNATURE: Brian M. Gabree **BRIAN M. GABREE** 3/31/99 ⁽⁹⁰⁴⁾
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)