## 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

ſ	JMENT # <b>P9600</b> R INVESTMENTS, INC.	0068517 (7)		( )	8)18) 18(18) 8(18) 188(188(188(188(188(188(188(188(188(188
Principal Pla	ace of Business	Mailing Address			
C/O JAMES NEAL HUTCHINSON, JR. 5200 8 WASHINGTON AVE TITUSVILLE FL 32780 US		C/O JAMES NEAL HUT 5200 S WASHINGTON / TITUSVILLE FL 32780 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
				08/14/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite An	t it ato	26 Suite, Apt. #, etc.	····	65-0686495	Not Applicable \$8.75 Additional
Suite, Apt. W, etc.		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5,00 May Be
<del></del>		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	X Yes No
	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
HUTCHINSON, JAMES NEAL JR. 5200 S WASHINGTON AVE TITUSVILLE FL 32780			81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			64 City		85 Zip Code
office or agent I SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the obli- Signature, syrand or profind registered a	te of Florida. Such change was gations of, Section 607.0505, I	s authorized by the corpora- forida Statutes.  DTE: Rogisterad Agent agnature requirements		appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	HUTCHINSON, JAMES NEAL	. Jr.	1.2 NAME		
STREET ADDRESS	5200 S WASHINGTON AVE		1.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE	11103VILLE PL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	i	La Decere	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	1		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	İ		3.2 NAME		ĺ
STREET ADDRESS	5		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	6		4.3 STREET ADDRESS		ĺ
CITY-ST-ZW	4	T to the	4.4 CITY-ST-ZIP	·	
TITLE		DELETE	. 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	5		5.3 STREET ADDRESS		
CITY-ST-ZIP	<del> </del>	DELETE	5.4 CITY-ST-ZIP	N. A. C.	Change Addition
TITLE		C'1 pereit	6.1 TITLE		C Change C Nonifoli
NAME STREET ADDRESS	,		6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-7IP	<b>`</b>		6.4 CITY-ST-7IP		

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.

407-264-4118

**FILED** 

Apr 27 1998 8:00am

Secretary of State