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FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085225 (6)

1. Corporation Name

INVEST.IN.PRO., INC.



Principal Place of Business

4121 NW 9TH AVE. STE 1
POMPANO BEACH FL 33064

Mailing Address

4121 NW 9TH AVE. STE 1
POMPANO BEACH FL 33064-1821

3. Date Incorporated or Qualified

10/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 Sute, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Sute, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0701228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BARTHE, FREDERIC M
888 SOUTHEAST THIRD AVE. STE 400
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81

Name

COHADE JEAN G.

82

Street Address (P.O. Box Number is Not Acceptable)

4121 N.W. 9TH AVE #1

83

84

City

POMPANO BEACH

FL

85

Zip Code

33064

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

Signature, type or print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	ALOR, DANIEL A	4121 NW 9TH AVE. STE 1	POMPANO BEACH FL 33064	<input type="checkbox"/>
VD	COHADE, JEAN L G	4121 NW 9TH AVE. STE 1	POMPANO BEACH FL 33064	<input type="checkbox"/>
STD	BEDEL, ALINE C	4121 NW 9TH AVE. STE 1	POMPANO BEACH FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)