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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

5-1-97 813-942-6180

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000086580 (3)

DEREK INVESTMENTS, INC.

Principal Place of Business Mailing Address 1409 RUSSEL LANE 1409 RUSSEL LANE HOLIDAY FL 34691 HOLIDAY FL 34691-4813 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3413856 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, 29 30 Yes ANO 24 25 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** ZIEMINSKI, DENNIS R 1409 RUSSEL LANE 82 Street Address (P.O. Box Number is Not Acceptable) HOLIDAY FL 34691 83 Čity 84 Zip Code 85 ovisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the Sign of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered with, and accept the appointment as registered with a second control of the corporation of the 11. Pursuant to the office or registers agent Lam SIGNATURE (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) 12. DELETE 1.1 TITLE Change Addition Title ZIEMINSKI, DENNIS R 1.2 NAME NAME 1409 RUSSEL LANE 1.3 STREET ADDRESS STREET ADDRESS HOLIDAY FL 34691 Offr-St-7P 1.4 CITY - \$1 - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-51-7IP DELETE Change Addition THE 31 TITLE 3.2 NAME HAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TilliF 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C-TY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAMI 5.2 NAME 5.3 STREET ADDRESS STREET AFORESS 5.4 CITY - ST - ZIP CITY-ST 2IF DELETE Change Addition THEF 6.1 TITLE NAME 62 NAME

63 STREET ADDRESS 6.4 CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name