Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90246 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025532

1. Corporation 3 H INVE	ESTMENTS CORPORATION					
Principal Place of Business Mailing Address					I 18861889 tre sente sente éaut éaute eaute eaute neet enter enter	11113 1121 1291
3711-A W GRACE ST					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/21/1997]
2. Principal Place of Business 2a. Mailing Address					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lied For
21		26	26		00 01 101 -	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Rec	i
City & State		City & State	— <i>'</i>		6. Election Campaign Financing Trust Fund Contribution \$5.00 N Added to	
Zip 24	Country 25	Zip 29	Cou	intry	relability topolity turn	□No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Registered Agent	
HUNTER, PAUL L 3711-A W. GRACE STREET TAMPA FL 33607				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
agent. I ai	m familiar with, and accept the obliga	nt and title if applicable. (NOTE	Registered	utes.	rporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as reg	
12.		ND DIRECTORS .	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition
NAME STREET ADDRESS	DPST HUNTER, PAUL L 3711-A W GRACE ST	□ DELETE		AME TREET ADDRESS	. Unange	[] Addition
CITY-ST-ZIP	TAMPA FL 33607	,		TY-ST-ZIP	☐ Change	Addition
NAME STREET ADDRESS	D HUNTER, SAMUEL R JR. 3711-A W GRACE ST TAMPA FL 33607	□ DELETE	2.2 N 2.3 S	TLE: AME TREET ADDRESS		
CITY-ST-ZIP	TAINITATE OOOT	DELETE	3.1 TI		☐ Change	Addition
NAME	. *		3.2 N		•	
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C	ITY-ST-ZIP TLE	Change	Addition
NAME			4.2N	IAME TREET ADDRESS		
STREET ADORESS						
CITY-ST-ZIP TITLE	•	☐ DELETE	5.1 T	I	, Change	Addition
NAME			5.2 N 5.3 S	AME TREET ADDRESS	•	ı

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)(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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

813-875-7218

Change

Addition