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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025702 (6)

PONY INVESTMENTS. INC.

FILED May 18 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			1900) QIMI (WAN OAN) 1101 NA
1 00 BRYAN BL .	190 BRYAN B L.			
PLANTATION FL 80017	PLANTATION FL-93317		DO NOT WRITE IN TH	C 0040E
			3. Date Incorporated or Qualified	5 SPACE
			03/17/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4775 NW 103 NVG.	26 3184 NW	113 AUS	65-0801641	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 # 26	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 SUNRISO	Country	Trust Fund Contribution	Added to Fees
24 33323 25 ALSA	29 3 3 3 2 2		 This corporation owes or has paid the operation Property Tax due June 30. 	Yes No
9. Name and Address of Curre			10. Name and Address of New Registere	
TURNBULL, DAVID S			B1 Name	
190 BRYAN BL.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33317		3/8	84 NW 113 AVO	
4		83 54	VRISU	
		84 City		85 Zip Code
		11 1	F	
11. Pursuant to the provisions of Sections 607 05 office or region and agent, or both, in the State	02 and 607.1508, Florida Statutes Out forida Such change was aut	, the above-named corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered population
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 efficient entrangent, or troth, in the State of Torida 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent. I am familiar with a state of the purpose of changing its registered agent.				
SIGNATURE Signature Prince Limited views in Speciment as	TAKE TO A COMPANY	Figustored Agent signature require	Wisuc 4/30	/98
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
THE DAVID S. TUR.	VBUCL DELETE	1 1 HILE		☐ Change ☐ Addition
NAME PRESIDENT		12 NAME		
STREET ADDRESS 3184 NW 113 NV	'V'	1.3 STREET ADDRESS		Ji
	33323	1.4 CITY-ST-ZIP		
FLORA L. TURNBU	CCC L DELETE	2.1 TITLE		Change Addition
NAME SECRUTARY		2.2 NAME		[
STREET ADDRESS 4751 NW /v Ct.	77 204 EL 83313	2.3 STREET ADDRESS		
CITY-ST-ZIP FC COUTATION F	DELETE	2. 4 City-St-ZiP 3.1 Title	1 0	Change Addition
NAME	occu	3.2 NAME	, ,	
STREET ADDRESS		3.3 STREET ADDRESS		
CiTY-ST-ZIP		3.4. CITY - ST - 7IP		
TILE	DELETE	4.1 TBLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET AUDRESS		
CITY-\$1-7IP		4.4 CHY+ST+ZIP		
TITLE	DELETE	5.1 THUE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREE1 ADDRESS		
CITY-ST-2IP	DELETE	5.4 CITY - \$1 - 2(P		Change
TITLE	☐ DELETE	6.1 HILE		Change Addition
NAME CITISET ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
14. Thereby certify that the information supplied v	vith this filing does not qualify for t	6.4 CITY-ST-ZIP the exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further	Certify that the information
indicated on this annual report his supplement	at annual report is true and accura	ate and that my signature	e shall have the same legal effect as if made	under oath: that I am an

ceiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in