Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90048 003 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031116

1. Corporation	Name P 9 7 OOC INVESTMENT GROUP, INC				
Principal Place	e of Business	Mailing Address			I (\$80188) I'M 18111 1891 89111 ontit 08111 ontet 1881 11801 11801 11810 Birt 1801
9111 S.W. 53RD PLACE 9111 S.W. 53RD PLACE					
SUITE B SUITE B					DO MOT WRITE IN THE OPAGE
GAINESVILLE F	L 32608	GAINESVILLE FL 32608			DO NOT WRITE IN THIS SPACE
	, 				3. Date Incorporated or Qualifed 04/04/1997
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3438169 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27	 		Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible
24	25	29			Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
			81	I Name	e í
THOMPSON, JOHN R			82	Stroot	et Address (P.O. Box Number is Not Acceptable)
9111 S.W. 53RD PLACE				- Ottoer	Audiess (F.O. Dox Marrider is Not Acceptable)
SUITE B			83	3	
GAINESVILLE FL 32608					
			84	4 City	FL 85 Zip Code
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	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Age	nt signature i	e required when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE .	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, JOHN R		1.2 NAME		
STREET ADDRESS			1.3 STREE	T ADDRESS	s
CITY+ST-ZIP	CARLED WAS FILL AGOOD		1.4 CITY-1	ST- 7IP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS				TADDRESS	اً و
			2.4 CITY-		*
CITY-ST-ZIP			3.1 TITLE	31-AP	☐ Change ☐ Addition
		المال المال المال	3.1 TITLE		
NAME					
STREET ADDRESS			4	ET ADDRESS	8
CITY-ST-ZIP		[] DELETE	3A.CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		(*) nere is	4.1 TITLE		☐ Stratige ☐ Addition
NAME			4. 2 NAME	•	
STREET ADDRESS				ET ADDRESS	s
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	'	☐ Change ☐ Addition
NAME	•		5.2 NAME		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TOPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/23/99

352-378-1755

☐ Change

☐ Addition

Daytime Phone #

CR2E034 (11/98)