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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P

P97000042768 (6)

1. Corporation	IVESTORS OF NORTH LAKE	ELAND, INC.	,		
Principal Place of Business Mailing Address					Didio IIDII IODIO Bildi IBil IDFI
1421 COURT STREET. SUITE B CLEARWATER FL 34616		1421 COURT STREET. SUITE B CLEARWATER FL 34616			
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	,
2. Principal F	Place of Business	2a. Mailing Address		05/12/1997 4. FEI Number	Applied For
21		26		4, 12, 100, 100	Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
22 P. C(a)		27		5. Continicate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing 1rust Fund Contribution	\$5.00 May Be Added to Fees
Zip •	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
; 	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	RSEM, THOMAS G		or Name		
	21 Court Street, Suite B Earwater FL 34616		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
OL.	CARTAILER I L 34010		83		
			84 City		
				F	85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State and familian with, and accept the obligation by the state of the obligation by the range of registerer again OF ICERS AND	et and for at applicable (NC	authorized by the corporal lorida Statulos. If Registered Agent signature requi		
TITLE	PSTD	DELETE	1.1 HILE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	GE IGER, WILLIAM Z JR.		1.2 NAME		
STREET ADDRESS	12600 S. BELCHER ROAD, 10)4-C	1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		1.4 C(1) Y - S1 - Z(P		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CHY-ST-ZIP 3 1 TITLE		Change Addition
NAME		2.21	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-7IP		
TITLE		☐ DELETE	4.1 TATLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		:
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY - S1 - 7/P		
NAME			5.1 TILLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7IP		
TITLE		DELETE	6.1 TITLE	FILE BUT BETTER BUT IN STORE FOR A TOWN TO RETURN	* Change Addition
NAME			6.2 NAME	5000025000 -04/2430-01091-0	17
STREET ADDRESS			6.3 STREET ADDRESS		101'/

14. Thereby 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 angual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, open an elasticity of with an address.

OIONIATURE

475-58

FILED

Jun 01 1998 8:00am

Secretary of State