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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90253 024 \*\*\*150.00

## DOCUMENT # P97000063320

PLW INVESTMENTS, INC.

Principal Place of Business	Mailing Address						
P.O. BOX 5435 DESTIN FL 32541	P.O. BOX 5435 DESTIN FL 32541						
2. Principal Place of Business	2a. Mailing Address						
21	1261						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						

|--|--|

DO NOT WRITE IN THIS SPA	THIS SPACE
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3. Date Incorporated or Qualifed

										07/22	/1997						
2. Principal P	lace of Business		2a. Ma	ailing Address					4.	FEI Nu	ınber					App	ed For
21			26							59-34	60514					Not	\pplicable_
Suite, Apt.	#, etc.			uite, Apt. #, etc.					1_	0-44-	ate of Status	Dooirod					ditional
22			27						3.	Cenno	ale of Status	s Desired	' ⊔		F	ee Req	uired
City & State	e		Ci	ity & State					6.	Election	r Campaigr	Financi	ng 🖂		\$5	.00 A	lay Be
23			28							Trust F	und Contrib	ution			Ac	ided to	Fees
Zip	Count	Ŋ	Zij	p	_	Country			8.	This co	poration o	wes the o	current ye	ar Inta			
24	25		29		30					Person	al Property	Тах.			23.Yes	· [	]No
	9. Name and Addr	ess of Current	Register	ed Agent					10.	Name	and Addre	ss of Ne	w Regist	erect /	Agent		
1.45%	ON ALLAN T					81	Na	ne									
LARSON, ALLAN T						82	Str	et Addr	ress (P	O. Box	Number is	Not Acce	eptable)	—-			
	PARADISE ISLE								(-								
DESI	TIN FL 32541					83											
						84	Oit.								85	Zip Co	de
						04	Cit	,						FI_	63	Zip Vi	.00
11. Pursuant	to the provisions of Se	tions 607.0502	and 607.	1508, Florida Statu	ıt ∋s, 1	the above	-nan	ed corp	oration	submit	ts this state	ment for t	the purpo	se cf	changi	ng its r	gistered
office or n	egistered agent, or both m familiar with, and ac	<ol> <li>in the State of</li> </ol>	Florida.	Such change was a	a utho	orized by	the c	orporation	on's bo	pard of c	directors. 1 h	ereby ac	cept the	appoir	ntment	as regi	s-tered
_	in lanimai with, and ac	ept the obligation	113 01, 00	00000,10000,100		Ciaicios											
SIGNATURIE	Signature, typed or printed nan	e of registered agent a	nd title if app	plicable (NOT	E Reg	jistered Agen	t signa	ure requi e	d when r	einstating)			DA	TE			
12.	(	FFICERS AND	DIRECT	ORS		13.				ADDITIO	VS/CHAN	GES TO	OFFICEF	SAN			
TITLE	Р			☐ DELETE		1.1 TITLE									☐ Ch	ange	☐ Addition
NAME	LARSON, ALLAN T					1.2 NAME											
STREET ADDRESS	P.O. BOX 5435				ı	1.3 STREET	ADDR	SS									
CITY-ST-ZIP	DESTIN FL 32541					1.4 CITY-ST	·ZIP										
TITLE	ST			☐ DELETE		2.1 T/TLE									☐ Ch	ange	☐ Addition
NAME	LARSON, TERESA	A.			1	2.2 NAME		Ì									
STREET ADDRESS	P.O. BOX 5435 N/	Α,				2.3 STREET	ADDR	ss									
CITY-ST-ZIP	DESTIN FL 32541					2. 4 CITY-S	T- ZIP	-									
TITLE				☐ DELETE		3.1 TITLE									☐ Ch	ange	☐ Addition
NAME						32 NAME											
STREET ADDRESS					Į	3 3 STREET	ADDR	ss									
CITY-ST-ZIP					ı	3.4. CITY-S	T-ZIP	1									
TITLE				☐ DELETE	7	4.1 TITLE	•••								다	ange	☐ Addition
NAME					ı	4. 2 NAME											
STREET ADDRESS						4 3 STREET	ADDR	ESS									
CITY-ST-ZIP						4.4 CITY-S	Γ- ZIP										
TITLE				☐ DELETE		5.1 TITLE									Ct	ange	Addition
NAME						5.2 NAME											
STREET ADDRESS						5.3 STREET	ADDR	≅SS									
CITY-ST-ZIP						5.4 CITY-S	Γ- ZIP										
TITLE				☐ DELETE		6.1 TITLE				*****		· · · · · · · ·			☐ Ch	ange	Addition
NAME						6.2 NAME											
STREET ADDRESS					i	6.3 STREET	ADDR	ESS									

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 a nnual 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.

6.4 CITY-ST-ZIP

SIGNATURE: