(954) 481-6380

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR REFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		
1. Corporation	MENT # P970000 C INVESTMENTS, INC.)80532 (9)		
Principal Place of Business 160 SE 7TH STREET SUITE 6 DEERFIELD BEACH FL 33441		Mailing Address 160 SE 7TH STREET SUITE 6 DEERFIELD BEACH FL 33441		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		109/16/1997 4. FEI Number Applied For Not Applied For Not Applied Por Not Applied For Not Applied For Not Applied For Post Status Desired Status Desired Fee Required
City & Stat 23 Zip	Country	City & State 28 Zip 29	Country	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes V No
160 SUIT DEE!	RFIELD BEACH FL 33441	and 607 1508. Florida Statute	82 S 83 84 C	Name Name Street Address (P.O. Box Number is Not Acceptable) City FL B5 Zip Code named corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State of am familia, with, and accept the obligation	Florida Such change was a ons of, section 607,0505, Flo	outhorized by the orida Statutes.	the corporation's board of directors. I hereby accept the appointment as registered 7 30 9801 signature required when reinstaling) DATE
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND WINTERS, KENNETH B 160 SE 7TH ST, #6 DEERFIELD BEACH FL 33441	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-S1-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3 1 TITLE 3.2 NAME. 3.9 STREET ADD 3.4 CITY-ST-ZIP	Addition
TITLE Name Street address City-ST-Zip		[] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-ZIP	1
TITLE Name Street address City-St-Zip		∐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADD 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADD 6.4 CITY-ST-ZIP	ADDRESS Change Addition
14. I hereby co indicated c an officer of	on this annual report or supplemental ar	nual report is true and accur iver or trustee empowered to iment with an address.	ne exemption sta rate and that my	stated in section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am report as required by Chapter 607, Florida Statutes; and that my name appears