## 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 # P97000092447

SABRIJO INVESTMENTS INC.

rincipal Place of Business	Mailing Address
19 THOMPSON RD	819 THOMPSON RD
ITHIA FL 33547	LITHIA FL 33547

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90069 012 \*\*\*158.75



Principal Place of Business Mailing Address				1 1001100) (IE 181) (SBI) 5011) 40111 42111 42114 11017		
819 THOMPSON RD LITHIA FL 33547 819 THOMPSON RD LITHIA FL 33547				DO NOT WRITE IN TH	HIS SPACE	
				3. Date Incorporated or Qualifed		
				10/27/1997	{	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3476221	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be		
23	<u> </u>	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 30		Personal Property Tax.	Drés 356	
	g. Name and Address of Curren	t Registered Agent	04 Nome	10. Name and Address of New Register	ed Agent	
1.684	IDD WETTE		81 Name	•		
LAMPP, YVETTE		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)			
<del>-</del>	THOMPSON RD				3 2 2 2 2 3 4 4 5 5 9 125 25 5	
LIIF	HA FL 33547		83			
			84 City		85 Zip Code	
				<u> </u>	—   \	
office or	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was authori	ized by the corpora Statutes	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE	I the I was	Weste LAMPP	Vice P	president ali	199	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Registr	tered Agent signature requ		(8)	
12.			13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE 1.	,1 TITLE		Change Addition	
NAME	LAMPP, WAYNE	1.	2 NAME		33	
STREET ADDRESS		1.	.3 STREET ADDRESS		<u> </u>	
CITY-ST-ZIP	LITHIA FL 33547		.4 CITY-ST-ZIP		<u> </u>	
TITLE	VP	☐ DELETE 2.	2.1 TITLE		☐ Change ☐ Addition ☐	
NAME	LAMPP, YVETTE	2	2.2 NAME			
STREET ADDRESS	N .	2	3 STREET ADDRESS			
CITY-ST-ZIP	LITHIA FL 33547		4 CITY-ST-ZIP			
TITLE		- · ··· - · □ DELETE 3	3.1 TITLE -		Change	
NAME	1 30 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50	3	3.2 NAME			
STREET ADDRESS		3	3.3 STREET ADDRESS		,\$P\$ 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		2 5 7 2 5 5 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
TITLE			1.1 TITLE	ాత్ నిఖ్యి కార్లో ఉద్దేశం చేస్తున్నాయి.	Change Addition	
NAME			I. 2 NAME			
STREET ADDRESS	S	4	1.3 STREET ADORESS			
CITY-ST-ZIP			J.4 CITY-ST-ZIP		Channe	
TITLE			5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	5		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	The Control of the Control	Change Addition	
TITLE		☐ DELETE 6	S.1 TITLE		Change Addition	
NAME	1 13	<b>I</b> .			ı	
			3.2 NAME			
STREET ADDRESS		6	3.2 NAME 3.3 STREET ADDRESS			

14. 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.