FILE NOW: FILIN PROFIT CORPORATION ANNUAL REPORT 1998			ER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED May 08 1998 8:00a Secretary of State				
INVEST	TMENT LINE, INC.	470	7314 (3)							
DATIE TE VO	***					3 Date Inco	DO NOT WRIT		BPACE	
						11/14/1	1			
, Principal P	Place of Business		Mailing Address			4. FEI Numb	nnazai	<u> </u>	·	pplied For
Suite, Apt.	#, etc.	26]	Suite, Apt. #, etc.			:p5=	0 1920	·		ot Applicable Additional
L <u></u>		27			<u> </u>	5. Certificate	of Status Desired			equired
City & Stat	e	28	City & State				ampaign Financing I Contribution			May Be to Fees
Zip	Country		Zip	Cou	ntry		pration owes or has p		<u> </u>	
	25	29 ss of Current Registe		30			Property Tax due Jur			No No
IZZ	O, BONNIE	ss of Current Registe	ared Agent		81 Name	10, Name and	d Address of New F	legistered A	Ağeni	
47(00 [°] SW 55TH AVENUE				82 Street	Address (P.O. Box Nu	mber is Not Accent	ablei		
	14P PL 00044									
DA	VIE FL 33314									
UA	VIE FL 33314				83					
1 Pureuant	to the provisions of Soci	ions 607.0502 and 60	7 1508 Florida Stati	ites the a	84 City	corporation submits t	his stalement for the	FL.	changing	Code
1 Pureuant	to the provisions of Sect registered agent, or both am familiar with, and acc	i, in the State of Florida ept the obligations of,	a. Such change was Section 607.0505, F	authorize Iorida Stat	B4 City pove-named d by the corr utes.	poration's board of dir	his statement for the ectors. I hereby acc	purpose of ept the appr	changing	ite registered
1. Pursuant office or r agent. I a	to the provisions of Soci registered agent, or both am familiar with, and acc Stansture, typed or prefer name	i, in the State of Florida ept the obligations of,	a. Such chan ge was Section 607.0505, F applicable (NC	authorize Iorida Stat	B4 City pove-named d by the corr utes.	required when reinstating)	his statement for the ectors. I hereby acc	purpose of ept the appr DATE	changing i ointment as DIRECTOR	its registered s registered
1. Pursuant office or agent. I a IGNATURE 2.	to the provisions of Sect registered agent, or both am familiar with, and acc Stonature, typed or present name O	 in the State of Florida ept the obligations of, of registered agent and time if 	a. Such chan ge was Section 607.0505, F applicable (NC	authorize Iorida Sta IE Registero 13.	B4 City pove-named d by the corputes. d Agent signature	required when reinstating)	ectors. I hereby acc	purpose of ept the appr DATE	changing i pintment as	its registered s registered
I. Pursuant office or r agent. I a GNATURE 2. 11E ME	to the provisions of Sect registered agent, or both am familiar with, and acc Stonature, typed or prefer name O D IZZO, BONNIE	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such chan ge was Section 607.0505, F applicable (NC	authorize lorida Stat If: Registero 13. 1.1 Ti 1.2 N	B4 City poove-named d by the conjutes. d Agent eignature ILE W/E	required when reinstating)	ectors. I hereby acc	purpose of ept the appr DATE	changing i ointment as DIRECTOR	its registered s registered RS IN 12
I. Pursuant office or r agent 1 a GNATURE 2. ILE ME REET ADDRESS	to the provisions of Sect registered agent, or both am familiar with, and acc Stonature, typed or present name O	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such chan ge was Section 607.0505, F applicable (NC	authorize Iorida Stat IIF Registero 13. 1.1 TI 1.2 N 1.3 S	B4 City pove-named d by the corputes. d Agent signature	required when reinstating)	ectors. I hereby acc	purpose of ept the appr DATE	changing i ointment as DIRECTOR	its registered s registered RS IN 12
I. Pursuant office or r agent 1 a GNATURE 2. ILE ME REET ADDRESS IY-SI-ZIP ILE	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such chan ge was Section 607.0505, F applicable (NC	authorize Iorida Sta 11. 13. 1.3 Ti 1.2 N. 1.3 Si 1.4 Ci 2.1 Ti	B4 City Doove-named d by the corp utes. I Agent eignature ILE WE REE1 ADDRESS IY - S1 - ZIP ILE	required when reinstating)	ectors. I hereby acc	purpose of ept the appr DATE	changing i ointment as DIRECTOR	its registered s registered RS IN 12
I. Pursuant office or r agent. I a GNATURE L L L K E K E T ADDRESS Y-ST-ZIP L E ME	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such change was Section 607.0505, F applicable (NC ORS DELETE	authorize Iorida Sta 11f : Registero 13, 1,1 TU 1,2 N 1,3 S 1,4 CU 2,1 Ti 2,2 N	B4 City Dove-named d by the corp utes. I Agent eignature ILE WE REE1 ADDRESS IY-SI-ZIP ILE IME	required when reinstating)	ectors. I hereby acc	purpose of ept the appr DATE	changing i pointment as DIRECTOR	Its registered s registered RS IN 12
I. Pursuant office or n agent. I a GNATURE I. I. I. I. I. I. I. I. I. I. I. I. I.	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such change was Section 607.0505, F applicable (NC ORS DELETE	authorize Iorida Sta 11 ⁷ Registere 13. 1.1 TI 1.2 N 1.3 S <u>1.4 CI</u> 2.1 TI 2.2 N 2.3 S	B4 City Doove-named d by the corp utes. I Agent eignature ILE WE REE1 ADDRESS IY - S1 - ZIP ILE	required when reinstating)	ectors. I hereby acc	purpose of ept the appr DATE	changing i pointment as DIRECTOR	Its registered s registered RS IN 12
I. Pursuant office or n agent 1 a GNATURE I. GNATURE I. I. ME REET ADDRESS Y-ST-ZIP I.E ME REET ADDRESS Y-ST-ZIP I.E	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such change was Section 607.0505, F applicable (NC ORS DELETE	authorize iorida Sta 16 Registere 13, 1,1 TI 1,2 N 1,3 S 1,4 CI 2,1 TI 2,2 N 2,3 S 2,4 C 3,1 TI	B4 City Dovo-named dythe corporation d by the corporation diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignateignation diamond and a statement of the cor	required when reinstating)	ectors. I hereby acc	purpose of ept the appr DATE	changing i pointment as DIRECTOR	Its registered s registered RS IN 12
I. Pursuant office or r agent. I a GNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such change was Section 607.0505, F agriculte (NC LORS DELETE	authorize iorida Sta 11. Registere 13. 1.1 TI 12 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	B4 City Dovo-named d by the corjutos. d Agent eignature ILE ME REE1 ADDRESS IY-SI-ZIP ILE ME REET ADDRESS IT-SI-ZIP ILE ME REET ADDRESS IT-SI-ZIP ILE ME	required when reinstating)	ectors. I hereby acc	purpose of ept the appr DATE	Changing i pointment as DIRECTOR Change	its registered s registered RS IN 12
I. Pursuant office or r agent 1 a GNATURE I.E ME REET ADDRESS Y-ST-ZIP I.E ME REET ADDRESS WE REET ADDRESS	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such change was Section 607.0505, F agriculte (NC LORS DELETE	authorize iorida Sta 11. 111 12 N 13. 5 14 CU 2.1 TH 2.2 N 2.3 S 2.4 C 3.1 TH 3.2 N 3.3 ST	B4 City Dovo-named dythe corporation d by the corporation diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignature diamond and a statement of the corporation d Agent eignateignation diamond and a statement of the cor	required when reinstating)	ectors. I hereby acc	purpose of ept the appr DATE	Changing i pointment as DIRECTOR Change	its registered s registered RS IN 12
I. Pursuant office or r agent 1 a GNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such change was Section 607.0505, F agriculte (NC LORS DELETE	authorize iorida Sta 11. 111 12 N 13. 5 14 CU 2.1 TH 2.2 N 2.3 S 2.4 C 3.1 TH 3.2 N 3.3 ST	B4 City Dovo-named d by the corjutes. d Agent signature ILE WME REE1 ADDRESS IY-SI-ZIP ILF ME REE1 ADDRESS ITY-SI-ZIP ILE WME REE1 ADDRESS ITY-SI-ZIP ILE IME RIF1 ADDRESS ITY-SI-ZIP	required when reinstating)	ectors. I hereby acc	DATE	Changing i pointment as DIRECTOR Change	its registered s registered RS IN 12
Pursuant office or r agent l a GNATURE	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such change was Section 607.0505, F agriculte (NC IORS DELETE	authorize iorida Sta 11. Registere 13. 1.1 TI 12 N 1.3 S ² 1.4 CU 2.1 TI 2.2 N 2.3 S ² 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N	B4 City Dovo-named d by the corputes. I Agent eignature ILE ME REE1 ADDRESS IY-SI-ZIP ILE ME REE1 ADDRESS ITY-SI-ZIP ILE ME REE1 ADDRESS ITY-SI-ZIP ILE ME REF1 ADDRESS ITY-SI-ZIP ILE ME REF1 ADDRESS ITY-SI-ZIP	required when reinstating)	ectors. I hereby acc	DATE	Changing i pointment as DIRECTOF Change	Its registered registered RS IN 12 Addition Addition
Pursuant office or n agent 1 a GNATURE	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such change was Section 607.0505, F agriculte (NC IORS DELETE	authorize iorida Sta 11. Registere 13. 1.1 TI 12 N 1.3 S ² 1.4 CI 2.1 TI 2.2 N 2.3 S ² 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 ST	B4 City Dovo-named d by the corputes. I Agent eignature ILE MRE REE1 ADDRESS IY-SI-ZIP ILE ME REE1 ADDRESS IY-SI-ZIP ILE ME REE1 ADDRESS IY-SI-ZIP ILE ME REE1 ADDRESS IY-SI-ZIP ILE AME REE1 ADDRESS	required when reinstating)	ectors. I hereby acc	DATE	Changing i pointment as DIRECTOF Change	Its registered registered RS IN 12 Addition Addition
Pursuant office or r agent l a GNATURE GNATURE GNATURE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	a. Such change was Section 607.0505, F agriculte (NC IORS DELETE	authorize iorida Sta 11. Registere 13. 1.1 TI 12 N 1.3 S ² 1.4 CI 2.1 TI 2.2 N 2.3 S ² 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 ST	B4 City Dovo-named d by the corrules. I Agent eignature ILE MR REE1 ADDRESS ITY-ST-ZIP ILE MME REE1 ADDRESS ITY-ST-ZIP	required when reinstating)	ectors. I hereby acc	DATE	Changing i pointment as DIRECTOF Change	Its registered registered RS IN 12 Addition Addition
Pursuant office or n agent 1 a GNATURE C. GNATURE C. GNATURE C. GNATURE SECTADRESS Y-ST-ZIP LE ME SECTADRESS Y-ST-ZIP LE ME SECTADRESS Y-ST-ZIP LE ME SECTADRESS Y-ST-ZIP LE ME SECTADRESS Y-ST-ZIP LE ME SECTADRESS Y-ST-ZIP LE ME SECTADRESS Y-ST-ZIP LE ME SECTADRESS Y-ST-ZIP LE ME SECTADRESS	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	A. Such change was Socion 607.0505, F agrideatale (NG CORS DELETE DELETE	authorize iorida Sta if Registere 13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N	B4 City DOVO-named d by the corrules. I Agent eignature ILE WRE REE1 ADDRESS ITY-ST-ZIP ILE MME REE1 ADDRESS IY-ST-ZIP ILE MME REE1 ADDRESS IY-ST-ZIP ILE MME ME REE1 ADDRESS IY-ST-ZIP	required when reinstating)	ectors. I hereby acc	DATE	Changing i pointment as DIRECTOF Change	Its registered sregistered RS IN 12 Addition
Pursuant office or n agent. 1 a GNATURE GNATURE GNATURE RET ADDRESS Y-ST-ZIP LE ME KEET ADDRESS Y-ST-ZIP LE ME KEET ADDRESS Y-ST-ZIP LE ME KEET ADDRESS Y-ST-ZIP LE ME KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	A. Such change was Socion 607.0505, F agrideatale (NG CORS DELETE DELETE	authorize iorida Sta 11. Registere 13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI	B4 City DOVO-Inamed d by the conjulos. I Agent eignature ILE WME REE1 ADDRESS IY - S1 - ZIP ILE IME REE1 ADDRESS ITY - S1 - ZIP ILE IME REE1 ADDRESS ITY - S1 - ZIP ILE IME REE1 ADDRESS IY - S1 - ZIP ILE IME REE1 ADDRESS IY - S1 - ZIP ILE MME REE1 ADDRESS IY - S1 - ZIP ILE MME REE1 ADDRESS IY - S1 - ZIP	required when reinstating)	ectors. I hereby acc	DATE	Changing i pointment as DIRECTOF Change	Its registered sregistered RS IN 12 Addition
I. Pursuant office or n agent 1 a GNATURE I. RETADRESS Y-ST-ZIP I.E ME REETADDRESS Y-ST-ZIP I.E ME REETADDRESS Y-ST-ZIP I.E ME REETADDRESS Y-ST-ZIP I.E ME REETADDRESS Y-ST-ZIP	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	A. Such change was Socion 607.0505, F agrideatale (NG CORS DELETE DELETE	authorize iorida Sta 11. Registere 13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI	B4 City DOVO-named d by the conjules. I Agent eignature ILE WRE REE1 ADDRESS IY - ST - ZIP ILE WME REE1 ADDRESS IY - ST - ZIP ILE WME REE1 ADDRESS IY - ST - ZIP ILE MME REE1 ADDRESS IY - ST - ZIP ILE MME REE1 ADDRESS IY - ST - ZIP ILE MME REE1 ADDRESS IY - ST - ZIP LE MME REE1 ADDRESS IY - ST - ZIP LE MME REET ADDRESS IY - ST - ZIP	required when reinstating)	ectors. I hereby acc	DATE	Changing i pointment as DIRECTOF Change	Its registered sregistered RS IN 12 Addition
Pursuant office or r agent. I a GNATURE	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	A. Such change was Socion 607.0505, F Aggideatale (NG LORS DELETE DELETE DELETE	authorize iorida Sta 11. Registere 13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI 5.4 CI	B4 City DOVO-ITAMED dby the corrulation J Agent eignature ILE WRE REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE	required when reinstating)	ectors. I hereby acc	DATE	changing i changing i change DIRECTOF Change Change Change Change Change Change	Its registered sregistered RS IN 12 Addition Addition Addition
I. Pursuant office or n agent 1 a GNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE	to the provisions of Soci registered agent, or both am familiar with, and acc Signature, typed or prateo name O D IZZO, BONNIE 4700 SW 55TH AM	, in the State of Florida ept the obligations of, of negetime agent and the a FFICERS AND DIRECT	A. Such change was Socion 607.0505, F Aggideatale (NG LORS DELETE DELETE DELETE	authorize iorida Sta 11. Registere 13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 5.3 SI 5.4 CI 5.1 TI 5.2 N/ 5.3 SI 5.4 CI 6.1 TI 6.2 N/ 6.3 SI	B4 City DOVO-ITAMED dby the corrulation J Agent eignature ILE WRE REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE	required when reinstating)	ectors. I hereby acc	DATE	changing i changing i change DIRECTOF Change Change Change Change Change Change	Its registered sregistered RS IN 12 Addition Addition Addition

and the second second