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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101464 (0)

RELATED INVESTORS GROUP, INC.

Principal Place of Business Mailing Address					OT LIBIT CANEL STATE BIRTH OF CITE OF BETTE
2300 SW 112 AVE DAVIE FL 33325		2300 SW 112 AVE DAVIE FL 33325			
				DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified 12/02/1997	
2. Principal I	Place of Business	2s. Mailing Address		4, FEI Number	Applied For
21		26		65-0797550	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	City & State		6, Election Campaign Financing	\$5.00 May Be
23	······································	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	· _ · _ ·
24	25		30	Personal Property Tax due June	
		Current Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
SUMMIZEN, GENALU S				FRANK CASEY	
2363 SW 112 AVE			82 Street	Address (P.O. Box Numinis Not Acceptable 2300 SW 112TH	6)
DAVIE FL 33325			83	2300 SW	IVE.
	•		63		
			84 City	DAVIE	FL 85 Zip Code 33325
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statute	s, the above-named		urpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the original section 607.0505, Fibrida Statules.					
SIGNATURE					
SIGNATURE	Signature, type of or printed name of regis	terest agent and title of applicable (NVE	Registered Agent signature	required when reinstating)	DATE
12.	· · · · · · · · · · · · · · · · · · ·	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	0	DELETE	1.1 TIFLE	D	Change Addition
NAME	CASEY, FRANK R JR		1.2 NAME	CASEY, SHERRY	1
STREET ADDRESS	2300 SW 112 AVE		1.3 \$1REET ADDRESS	2300 SW 112TH AVE.	İ
CITY-ST-ZIP	DAVIE FL 33325		1.4 CITY - ST - ZIP	DAVIE, FL 33325	
TITLE		☐ DELETE	2.1 TITLE	D	Change 🙀 Addition
NAME			2.2 NAME	MASEY, CHRISTOPHER	
STREET ADDRESS			2.3 STREET ADDRESS	PAVIE, SHL1333325AVE	İ
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP		Character Madding
TITLE		L DELETE	3.1 TITLE	D GARRY GUTDEFF	Change Addition
NAME			3.2 NAME	CASEY, SHIRLEY	1
STREET ADDRESS			3.3 STREET ADDRESS	2300 SW 112TH AVE	1
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4. CHY-ST-ZIP 4.1 THLE	DAVIE, PL 33325	☐ Change ☑ Addition
NAME		- Octivi	4. 2 NAME	D DOM	Change 🙀 Addition
STREET ADDRESS				SNANDSKY, DON	
CITY-ST-ZIP			4.3 STREET ADDRESS	157 MANDALAY ROAD	22023
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	FT. MYERS BEACH, FL	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	Υ . .	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	۳,۰	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		C comittee C various
STREET ADDRESS			6.3 STREET ADDRESS		
THE PUMESS			U.S STREET MUDRESS		

14. Thereby cortify 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.