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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT 🖛 STATE

Sandra B. Mórtham 👡

FILED

May 21 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	MENT # P97000 INVESTMENT GROUP, INC)				. .
Principal Place of Business Mailing Address					-{		
4508 WHITE CEDAR LANE 4508 WHITE CEDAR LAN			NF				
DELRAY BEACH FL 33445 DELRAY BEACH FL 3344					DO NOT WOITE IN TH	IC CDACE	
					DO NOT WRITE IN TH 3. Date Incorporated or Qualified	3 SPACE	
	4				12/19/1997	,	_
		2a. Mailing Address	2a. Mailing Address		4. FEI Number	VAr	oplied For
21		26					ot Applicable
Suite, Apt. #, etc. •		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State		City & State			6. Election Campaign Financing		May 8e
23		28	·		Trust Fund Contribution		to Fees
Zip	Country	Zıp	Country	·	8. This corporation owes or has paid the		
24	25	29	30	·	Personal Property Tax due June 30.		V rNo
	 Name and Address of Currer AMOND, BARRY A 	it Registered Agent	81 N	ame	10. Name and Address of New Registers	a Agent	
	EA						
5701 n Pine Island RD, wuite 250 Ft lauderdale Fl 33321			82 St	reet Addr	ess (P.O. Box Number is Not Acceptable)		
r i	DAUDENDALE PL 33321		83				
•			84 C	ite		les Zio	Codo
				•	F	L	Code
office or agent. I a SIGNATURE	Signature, typed or printed name of registered aux	er and tille it applicable (NC	authorized by the lorida Statutes. ITE: Registered Agent sig		oration submits this statement for the purpose ion's board of directors. I hereby accept the a ed when reinstating)		registered
12.	OFFICERS AN		13.	· -	ADDITIONS/CHANGES TO OFFICERS A	-	
TITLE	DWAN BENT	DELETE	1.1 TITLE			L Change	Addition
NAME	gresident 4508 white ced	1.2 NAME					
STREET ADDRESS	Delkay Brock	F) 33445	1.3 STREET ADDR				
CITY-ST-ZIP TITLE	 	DELETE	2.1 TITLE		,:	- Change	Addition
NAME	Vernon Lowe	2.2 NAME					
STREET ADDRESS STATE OF THE STATE OF TH			2.3 STREET ADDI	HESS			
CITY-\$T-ZIP	west milton, or	43385	2 4 CITY- ST - 7.1	Р			
TITLE	Lois Lowe	[]] DÉLETE	3.1 TITLE			Change	☐ Addition
NAME OTOGET ADORESS	8532 S. IRD ings	RS.	3.2 NAME	oron			
STREET ADDRESS	west milton, Ohio	3.3 STREET ADD					
CITY-ST-ZIP TITLE	cindy Auer	3.4. C(TY - S1 - ZII 4.1 T(TLE			Change	☐ Addition	
NAME	Tacsuarer	4. 2 NAME					
STREET ADDRESS	Trusumer 4- way	LANE EAST	4.3 STREET ADDR	RESS		Λ	
CITY-ST-ZIP	Lindale, TX 75	<u> </u>	4.4 CITY-ST-ZIE	,			2
TITLE		DELETE	51 TITLE			Change	Addition
NAME			5.2 NAME			1 0 \ /	1
STREET ADDRESS			5.3 STREET ADDR		7	11/1/-	//
CITY-ST-ZIP		☐ DELETE	5.4 CiTY - ST - ZIF	'	/	J L Channe	☐ Addition
TITLE NAME			6.1 TITLE 6.2 NAME	1	800 0025326 -05/22/9801018	333	
CIDEET ADDRESS			6.2 STREET ADDS	RESS	-U5/22/38U1U18\	J 3 5	

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 supplied 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 altachment with an address.