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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107445 (3)

CONNELL INVESTORS, INC.

FILED Mar 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					I BIBII AIBBI BIII FABI
225 SW AVE B 225 SW AVE B					
BELLE GLADE FL 33430		BELLE GLADE FL 33430			
				DO NOT WRITE IN THIS SPAC	Æ
				3. Date Incorporated or Qualified	i
				12/22/1997	
	lace of Business	2a. Maling Address	1005	4. FEL Number 803 406	Applied For
21		26	1000		Not Applicable
Suite, Apt.	#, ĐIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional Fee Regulred
City & State		CuCA State	<u> </u>	A Flactic Constant Flactic	
23	• .	BELLE G	MDE M.		5.00 May Be Added to Fees
Zip	Country	ZiD 4	Pountry 0.0.	/ 8. This corporation owes or has paid the current	
24	25	<u> </u>	MAIM BEAC	Personal Property Tax due June 30.	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Ager	
CO	NNELL, RODNEY C		81 Name 2	due O C	
AGE CIM AND D				OCNEY C. CONNELL	
BELLE GLADE FL 33430			82 Street A	eas (P.O Bax Number is Not Acceptable)	CZ
	LEE GENEE I E GONGO		83		//
					
			64 City RF	ue gade fa fl	27°9°2.
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statuter	e the shows-named corr	varation exhapite this statement for the numbee of the	nging its registered
office or r	egistered aport, or both, in the Sta	te of Florida. Such change was au	uthorized by the corporat	cion's board of directors. I hereby accept the appointment	nent as registered
	The large with the second seco	Rodrey	, C. Con Neu	(2/هد/ 2	
SIGNATURE	Signature, you'd operinted name of registured a		Registered Agent signature requir	red when reinstating) DATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	CONNELL, RODNEY C		1.2 NAME		į.
STREET ADDRESS	904 NE 3RD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change 🔲 Addition
NAME	Connell, Lesly D		2.2 NAME		
STREET ADDRESS	904 NE 3RD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	CONNELL, RODNEY H		3.2 NAME		
STREET ADDRESS	1755 SE AVE J		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP	BELLE GLADE FL 33430		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TATLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TALE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	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

In ereby 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 symplemental angual 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 roceing 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 charged for or angulta hyight with an address.

0101145455

2

20/92 (561)996-261