PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90194 011 ***150.00

i. Corporation	MENT # P98000 NVESTMENTS, INC.	0055	98							
Principal Place	o of Bucinose	Mailing	Address		-					
2459 B TALCO HILLS DRIVE 2459 B TALCO HILLS DRIVE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303										
	. • • • • • • • • • • • • • • • • • • •						DO NOT WRITE IN THI	S SPACE	_	1
							3. Date Incorporated or Qualifed			ļ
							01/20/1998	- I I -		-
2. Principal Pi	ace of Business		2a. Mailing Address				4. FEI Number (1)	_ 	plied For	-
21 Suite, Apt. #, etc.		26 Suite	Suite, Apt. #, etc.				79-7-1-2130	\$8.75 A	ot Applicable	1
	#, etc.	\vdash					5. Certifcate of Status Desired	Fee Re		
City & State	<u> </u>		City & State				6. Election Campaign Financing	\$5.00	<u> </u>	1
23	•	28	¬ '				Trust Fund Contribution	Added 1		
Zíp	Country		Zip Country				This corporation owes the current year li	ntangible		1
24	25 29 30			_	•		Personal Property Tax.	∐Yes	ØNo _	
1	9. Name and Address of Curren		Agent	<u> </u>			10. Name and Address of New Registered	d Agent]
				8	I Name					
BROWN, F. KEVIN				8	2 Street	Addres	ss (P.O. Box Number is Not Acceptable)			1
	B TALCO HILLS DRIVE]
TALL	AHASSEE FL 32303			8	3					
				8	4 City			85 Zip (Code	1
				1	1		F	L		1
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Su	ich change was aut	thorized b	y the corp	corpor oration	ation submits this statement for the purpose of source of directors. I hereby accept the appoint	of changing its pintment as re	registered gistered	
SIGNATURE					_					1
	Signature, typed or printed name of registered ager				ent signature	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DS IN 12	ó
12.			1.1 TITLE	13.		esident & CEO	Change	Addition	1 🗄	
TITLE				1.2 NAME						-
NAME					ET ADDRESS	24	anklin Browns			50
STREET ADDRESS				1.4 CITY-		1台	llahasee, FL 32303	-		5
CITY-ST-ZIP TITLE	<u> </u>		☐ DELĒTE	2.1 TITLE	31-2ir	100	easover	☐ Change	Addition	2
NAME				2.2 NAME		No	utanio Brown			1
STREET ADDRESS				1	ET ADDRESS	40	o Feering.			
CITY-ST-ZIP				2. 4 CITY		١٦	10 CK CA 995882			
TITLE			□ DELETE	3.1 TITLE		50	cretary ,+	☐ Change	Addition	1
NAME				3.2 NAME		 	cretant arla wight 85 mockingbird Lane ange Park, FL 320			
STREET ADDRESS				3.3 STRE	ET ADDRESS	12	85 Mockingsin care			
CITY-ST-ZIP				3.4. CITY	ST-ZIP	Ov	ange Park, FL 320	73		
TITLE	☐ DELETE		4.1 TITLE		ļ 	J	☐ Change	Addition		
NAME				4. 2 NAM	.	-				
STREET ADDRESS				4.3 STRE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP]
TITLE			5.1 TITLE				☐ Change	☐ Addition		
NAME				5 2 NAME						
STREET ADDRESS				5.3 STRE	ET ADDRESS					
CITY-ST-ZIP				5.4 CITY-						1
TITLE			☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET ADDRESS						-
CITY-ST-ZIP				6.4 CITY-	ST-ZIP	f				ì

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 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.

SIGNATURE:

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