Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90083 020 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000013851

1. Corporation Name

SEMUHAN INVESTMENTS, INC.											
Principal Place of Business Mailing Address					_		I (19 11 00 1 tin ibini initi nutii abiit i	ibili BBIĐS II	800 INDI (818) B		
258 E ALTAMONTE DRIVE 258 E ALTAMONTE DRIVE											
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32				701			DO NOT WITH	IN TUIC	&BACE		
							DO NOT WRITE IN THIS SPACE				
				-			3. Date Incorporated or Qualifed				
0.5	The state of the s	1 2 Mailian Address					02/11/1998 4. FEI Number		XX App	lind For	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		<u> </u>	_	
21 26 Suite Apt. #. etc. Suite, Apt. #. etc.							· · · · · · · · · · · · · · · · · · ·		\$8.75 A	Applicable	
			•				5. Certifcate of Status Desired		Fee Rec		
22							6 Flories Compain Financia	_ ~			
, '		28	1 ·				6. Election Campaign Financing Trust Fund Contribution	\supset	\$5.00 N Added to		
23 Zip	Country	Zip	Cou	ntrv	,		8. This corporation owes the current				
24	25	29	30				Personal Property Tax.	. your ma		□No	
	9. Name and Address of Current		[50]	Ī		1	10. Name and Address of New Reg	istered /	Agent		
				81	Name					_	
Brewer, Wesley Earl					82 Street Address (P.O. Box Number is Not Acceptable						
258 E ALTAMONTE DRIVE				82 Street Addre			s (P.O. Box Number is Not Acceptable	<i>3)</i>			
ALTAMONTE SPRINGS FL 32701				83	 					_	
					<u></u>				T1		
· 5.				84	City			FL	85 Zip C	ode	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida S	Statutes, the a	bove	e-named	corpora	ation submits this statement for the pu	rpose of o	changing its r	egistered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change v	vas authorized	i by	the corpo	oration's	s board of directors. I hereby accept t	ne appoin	tment as reg	istered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					nt signature r	required w	hen reinstating)	DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFIC	ERS AN	_		
TITLE	-		TE 1.1 π	ΠE	ĺ	İ			☐ Change	☐ Addition	
NAME {	Wesley Earl Brewer		1.2 N/	1.2 NAME		Į				Į	
STREET ADDRESS	258 E Altamonte Drive			1.3 STREET ADDRESS							
CITY-ST-ZIP	Altamonte Springs, FL 32701			1.4 CITY-ST-ZIP							
TITLE	Secretary DELETE		TE 2.1 ΤΓ	2.1 TITLE					☐ Change	☐ Addition	
NAME	Wesley Earl Brewer			2.2 NAME							
STREET ADDRESS	258 E Altamonte Drive			2.3 STREET ADDRESS							
CITY-ST-ZIP	Altamonte Springs, FL 32701- ~			2. 4 CITY-ST-ZIP				<u> </u>			
TITLE		☐ DEFE.	ΓE 3.1 TΓ	ΠE					☐ Change	Addition	
NAME			3.2 N/	ME							
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CITY-ST-ZIP	, 		4.4 CI	TY-S	T-ZIP						
TITLE		DELE:	TE 5.1 TI	πE			_	_	☐ Change	☐ Addition	
NAME			5.2 N	ME					•	ļ	
STREET ADDRESS			5.3 \$7	REE	T ADDRESS	1				İ	
CITY-ST-ZIP			5.4 CI		T-ZIP						
TITLE		☐ DELE	TE 6.1 TT	TLE			_		☐ Change	☐ Addition	
NAME 1			6.2 N/	AME						ļ	

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 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 on the same legal effect as if made under oath; that I am an officer or director of the corporation of th

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Wure required AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99