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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000018336

EIDEL INVESTMENTS, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90134 048 ***150.00



Mailing Address Principal Place of Business 430 WEST DRIVE 430-WEST DRIVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/25/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3501448 Not Applicable 1260 ALABAMA SAME \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing WINTER Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes the current year Intangible 1 No Personal Property Tax. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SAME HUMPHRIES, J G Street Address (P.O. Box Number is Not Acceptable) 82 20 N. ORANGE AVE **SUITE 1000** 83 ORLANDO FL 32801-4626 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. (Change DELETE 1.1 TITLE TITLE EIDEL, HIL 1260 ALA-BAMA DR EIDEL, H L 12 NAME NAME 1260 ALABA-MA 480 WEST DRIVE WINTER PARK, FL 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL. 32789 ALTAMONTE SPRINGS FL 32714 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE PAULA EIDEL 1260 ALABAMA DR 2.2 NAME EIDEL, PAULA NAME 1260 ALABAMA DR WINTER PARK, FL L 32714 32789 430 WEST DRIVE 2.3 STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32289 ALTAMONTE SPRINGS FL 32714 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 3.1 TITLE ☐ Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP [Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1-4-99

Daytime Phone #

CR2E034 (11/98)