PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCODO21182

 Corporation 	VESTMENTS, INC.	031102				
Principal Plac	e of Business	Mailing Address			T 1884/1884 148 48144 18144 84145 86114 86114 86144 11444 11444 11444 11444 11444	1881
	HAVE. TO STATE OF THE STATE OF	-1261 N.E. 27TH-AVE:	~~ 062		DO NOT WRITE IN THIS SPACE	. .
					3. Date incorporated or Qualifed 04/02/1998	
2. Principal F	Place of Business	2a. Mailing Address .			4, FEI Number Applied Fo Not Applied Fo Not Applied Fo	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition Fee Required	al
City & Stat	le	City & State		:-	6. Election Campaign Financing \$5,00 May B	
Zip Country		Zip Country		ntry	8. This corporation owes the current year intangible Personal Property Tax.	
4	9. Name and Address of Current	t Registered Agent	1301		10. Name and Address of New Registered Agent	
-			ļ	84 City	85 Zip Code	
11. Pursuant office of l agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	į.	1 *	FL ()	ed
			utes, the ab authorized lorida Statut	1 *	poration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered at when remstating) DATE	-
11. Pursuant office or agent. I a SIGNATURE	Signeture, typed or printed name of registered egen OFFICERS AN	k and title if applicable. (NOT ID DIRECTORS	utes, the ab authorized lorida Statut E: Registered A	ove-named corp by the corporati tes.	poration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered at when remarking) Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	-
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90078 002 ***150.00