**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90047 008 \*\*\*158.75

## DOCUMENT # P98000084883

Corporation Name

1999

	INVESTMENTS, INC.							
Principal Plac	e of Business	M	ailing Address			( ( ( ( ) ) ) ) ) ( ) )	<u>-</u>	
2000 BANKS R	OAD #222		D BANKS ROAD #222					
MARGATE FL 33063 MAF			ARGATE FL 33063			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	<u> </u>	
						09/30/1998		1
O Dringing D	Tace of Business	2a.	Mailing Address			4. FEI Number	XADI	Med For
<del></del>	race of promoss	26	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			CLOOKED TIVE	<u> </u>	Applicable
21 Suite, Apt.	# etc	Z6	Suite, Apt, #, etc.			Usppia, 10	\$8.75 A	dditional
	w, Gtt.	27				5. Certificate of Status Desired A	Fee Re	pulred
City & Stat	ie .	<del>  = ' 1</del>	City & State			6. Election Campaign Financing	\$5.00	May Be
23	<u> </u>	28			مسجد جنتيس جدث	Trust Fund Contribution	Added to	
Zip	Country		Zip	Cou	ntry	8. This corporation owes the current year Inte	angible	
24	25	29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren					10. Name and Address of New Registered	Agent	
**	•				81 Name	-		1
SUH	andron, Kenneth				82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
2000	BANKS ROAD #222				31166170	oress (F.O. Dox rightbor in restriction)		
MAR	RGATE FL 33063				83			· · · · · ·
	•				24 0		85 Zip C	nde
					84 City	FL		
11. Pursuant	to the provisions of Sections 607,050	2 and 6	07.1508, Florida Statute	s, the a	pove-named co	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its	registered
office or a	registered agent, or both, in the State	of Florid	ja. Such change was au Section 607 0505, Flori	thorized da Stati	by the corpora	ation's board of directors. I hereby accept the appoint	nment as reg	Istered
	an familiar with and accept the obliga	Was to		<b>.</b>	Carrie	2/11/9	9	
SIGNATURE	Signature, typed or printed name of registered ager	N MAD LICE	y applicable. (HOTE)	ESTA	WHANDA.	DATE DATE		
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12
TITLE	D .		DELETE	1,177	LE .	<del></del>	Change	Addition :
NAME	SCHUSTER, ANTON				. <u>.                                   </u>			
				12 N	ME '			2
STREET ADDRESS	19229 SABAL LAKE DRIVE				REET ADDRESS			F034
	19229 SABAL LAKE DRIVE			1,3 \$1	1			D2E034
STREET ADDRESS  CITY-ST-ZIP  TITLE			☐ DELETE	1,3 \$1	REET ADORESS IY-ST-ZIP		Chánge	Addition
CITY-ST-ZIP TITLE	19229 SABAL LAKE DRIVE	, <del></del>	☐ DELETE	1,3 ST 1,4 CI	REET ADORESS IY-ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	19229 SABAL LAKE DRIVE	,й	☐ DELETE	1,3 ST 1,4 CT 2.1 TT 2.2 N/	REET ADORESS IY-ST-ZIP		☐ Chánge	☐ Addition
OTTY-ST-ZIP TITLE NAME STREET ADDRESS	19229 SABAL LAKE DRIVE	.u	☐ DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST	REET ADORESS IY-ST-ZIP LE ME REET ADORESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME	19229 SABAL LAKE DRIVE		□ DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	19229 SABAL LAKE DRIVE			1,3 ST 1,4 CT 2,1 TH 2,2 NA 2,3 ST 2,4 CD	REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS TY- ST-ZIP LE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	19229 SABAL LAKE DRIVE BOCA RATON FL 33434	***		1,3 ST 1,4 CI 2,1 TI 2,2 NV 2,3 ST 2,4 CI 3,1 TI 3,2 NV	REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS TY- ST-ZIP LE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	19229 SABAL LAKE DRIVE BOCA RATON FL 33434	***		1,3 ST 1,4 CZ 2,1 TT 2,2 NV 2,3 ST 2,4 CC 3,1 TT 3,2 NV	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	19229 SABAL LAKE DRIVE BOCA RATON FL 33434			1,3 ST 1,4 CZ 2,1 TT 2,2 NV 2,3 ST 2,4 CC 3,1 TT 3,2 NV	REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP TY-ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	19229 SABAL LAKE DRIVE BOCA RATON FL 33434	**************************************	☐ DELETE	1,3 ST 1,4 CT 2,1 TT 2,2 N/ 2,3 ST 2,4 CT 3,1 TT 3,2 N/ 3,3 ST 3,4 CT	REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP LE		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	19229 SABAL LAKE DRIVE BOCA RATON FL 33434		☐ DELETE	1.3 ST 1.4 CC 2.1 TC 2.2 NV 2.3 ST 2.4 CC 3.1 TC 3.2 NV 3.3 ST 3.4 CC 4.1 TC 4.2 NV	REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP LE		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	19229 SABAL LAKE DRIVE BOCA RATON FL 33434		☐ DELETE	1.3 ST 1.4 CC 2.1 TC 2.2 NV 2.3 ST 2.4 CC 3.1 TC 3.2 NV 3.3 ST 3.4. CC 4.1 TCC 4.2 NV 4.3 ST	REET ADDRESS IV: ST-ZIP LE ME REET ADDRESS IV: ST-ZIP LE ME REET ADDRESS IV: ST-ZIP LE LE ME REET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	19229 SABAL LAKE DRIVE BOCA RATON FL 33434	-	☐ DELETE	1.3 ST 1.4 CC 2.1 TC 2.2 NV 2.3 ST 2.4 CC 3.1 TC 3.2 NV 3.3 ST 3.4. CC 4.1 TCC 4.2 NV 4.3 ST	REET ADDRESS IY: ST-ZIP ILE ME REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP LE ME REET ADDRESS IY: ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	19229 SABAL LAKE DRIVE BOCA RATON FL 33434		☐ DELETE	1.3 ST 1.4 CZ 2.1 TT 2.2 NV 2.3 ST 2.4 CZ 3.1 TT 3.2 NV 3.3 ST 3.4 CZ 4.1 TT 4.2 NV 4.3 ST 4.4 CZ	REET ADDRESS IY: 5T-ZIP LE ME REET ADDRESS TY: 5T-ZIP LE ME REET ADDRESS TY: 5T-ZIP LE MAE REET ADDRESS IY: 5T-ZIP LE MAE REET ADDRESS IY: 5T-ZIP LE		Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	19229 SABAL LAKE DRIVE BOCA RATON FL 33434		☐ DELETE	1.3 ST 1.4 CD 2.1 TH 2.2 NV 2.3 ST 2.4 CD 3.1 TH 3.2 NV 3.3 ST 3.4 CD 4.1 TH 4.2 N 4.3 ST 4.4 CD 5.1 TH 5.2 NV	REET ADDRESS IY: 5T-ZIP LE ME REET ADDRESS TY: 5T-ZIP LE ME REET ADDRESS TY: 5T-ZIP LE MAE REET ADDRESS IY: 5T-ZIP LE MAE REET ADDRESS IY: 5T-ZIP LE		Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	19229 SABAL LAKE DRIVE BOCA RATON FL 33434		☐ DELETE	1.3 ST 1.4 CZ 2.1 TM 2.2 NV 2.3 ST 2.4 CZ 3.1 TM 3.2 NV 3.3 ST 3.4 CZ 4.1 TM 4.2 N 4.3 ST 4.4 CZ 5.1 TM 5.2 NV 5.3 ST	REET ADDRESS IY: 5T-ZIP LE ME REET ADDRESS IY: 5T-ZIP LE ME REET ADDRESS IY: 5T-ZIP LE MAE REET ADDRESS IY: 5T-ZIP LE MAE REET ADDRESS IY: 5T-ZIP LE ME		Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	19229 SABAL LAKE DRIVE BOCA RATON FL 33434		☐ DELETE	1.3 ST 1.4 CZ 2.1 TM 2.2 NV 2.3 ST 2.4 CZ 3.1 TM 3.2 NV 3.3 ST 3.4 CZ 4.1 TM 4.2 N 4.3 ST 4.4 CZ 5.1 TM 5.2 NV 5.3 ST	REET ADDRESS IY. 5T-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS IYST-ZIP LE ME REET ADDRESS IYST-ZIP LE ME REET ADDRESS IYST-ZIP		Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	19229 SABAL LAKE DRIVE BOCA RATON FL 33434		☐ DELETE	1.3 ST 1.4 CC 2.1 TT 2.2 NV 2.3 ST 3.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC 5.	REET ADDRESS IY: 51-ZIP LE ME REET ADDRESS TY: 51-ZIP LE ME REET ADDRESS IY: 51-ZIP LE		Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	19229 SABAL LAKE DRIVE BOCA RATON FL 33434		☐ DELETE	1.9 ST 1.4 CC 2.1 TT 2.2 NW 2.2 ST 3.2 NW 2.4 CC 3.1 TT 3.2 NW 3.3 ST 3.4 CC 4.1 TT 5.2 NW 4.2 ST TT 5.2 NW 5.3 ST 5.4 CC 6.1 TT 6.2 NW 6.3 ST 6.2 NW 6.3 ST 6.2 NW 6.3 ST	REET ADDRESS IY: 51-ZIP LE ME REET ADDRESS TY: 51-ZIP LE ME REET ADDRESS IY: 51-ZIP LE		Change	Addition Addition

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.