FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

S03785

(0)

DOCUMENT #
1. Corporation Name

UPSCALE INVESTMENTS, INC.

Principal Place of Business	OF SOALE HATCHING HIO.				
, ,,	Mailing Address		i fålligin jir obiss leiti shudt tätat i	Tilt Bibit Arbit Bibit Bigit miare Bider inne	
1066 NW 97TH AVE.	10171 SW 3RD ST	Ť			
PLANTATION FL 33322	PLANTATION FL 3	33324			
	US		3. Date Incorporated or Qualified 10/03/1990	3a. Date of Last Report 02/13/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0221216	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc	\$.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
	untry Zip	Country	8. This corporation has liability for in		
25	29	30		□ No	
9. Name and Ac	dress of Current Registered Agent	81 Name -	10. Name and Address of New Re	gistered Agent	
CAPITAL CONNECTION, 417 E. VIRGINIA ST. SUITE 1 TALLAHASSEE FL 32301		33 7 O	dress (P.O. Box Number is Not Acceptable	∆ &	
I INLLATINGSEE PL 32301		B4 City	i 4 mi	FL 85 33756	
11. Pursuant to the grovisions of 5	Sections 607.0502 and 607.1508, Florida S	tatutes, the at e-named corp	poration submits this statement for the pure	pase of changing its registered office	
or registered agent, or both, in	the State of Florida. Such change was aut bligations of, Section 607.9505, Florida Sta	horized by the Progration's bo	pard of directors. I hereby accept the appo	intment as redistored agent. I am	
	oligations of, Section (\$23,500), Florida dia		9	1/1/96	
SIGNATURE Signature typed or printed	name of registered agent and tille if applicable	(NOTE: Register) yent signature requ	aec wherrenstifry	DATE	
12.	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change	
TITLE DP	DELETE			☐ Onarige ☐ Addition	
NAME WINTERMAN, STREET ADDRESS 1066 NW 97T		1.2 N I ME 1.3 SVHEET ADDRESS			
OI ANTATION		1.4 CITY - ST - ZIP			
TITLE VP	☐ DELETE			Change Addition	
NAME WINTERMAN,	LAURIE G.	2.2 NAME			
STREET ADDRESS 1066 NW 977		2.3 STREET ADDRESS			
CITY-ST-ZIP PLANTATION	FL	2.4 CHY-ST-7IP			
TITLE	DELETE	3 1 TOTALE		☐ Change ☐ Addition	
NAME		3 2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	F-17 or	3.4 C(TY - ST - Z)P		☐ Change ☐ Addition	
TITLE	C DELETE			□ onange □ nad tien	
NAME		4.2 NAME 4.3 STHEET ADDRESS			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP THLE	[DELETE			Change Add-tion	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY - ST 2IP			
TITLE	DELETE		70000183	Change 🔲 Addition	
NAME		6.2 NAME	-06/03/96010 ***225.00	124046 6-1-91	
STREET ADDRESS		6.3 STREET ADDRESS	***225.00		
A.T. A. T.A		6.4.C-1Y-ST-ZIF	fy for the exemption stated in Section 119.		

(4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

× 5/6/96

Oayfone Phone ▶