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 # **S13461** 1. Corporation Name

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90089 003 ***150.00

U.S. FLO	orida investments, inc	•								
Principal Plac	e of Business	Mailing Address)	11 AIBI1 81		(- (- (- (- (- (- (- (- (-
225 SO. SWOOPE AVE #208 225 SO. SWOOPE AVE #208									•	
MAITLAND FL 32751 MAITLAND FL 32751						DO NOT WRITE IN	THIS S	SPACE		
						3. Date Incorporated or Qualifed	11110			
						11/19/1990				
2 Principal B	lace of Business	2a. Mailing Address				4. FEI Number			Appli	ed For
———— ·	lace of Business	26				59-3044352				pplicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.7	5 Add	litional
22		27				5. Certifcate of Status Desired		Fee	Requ	ired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.0	00 м	ау Ве
23		28				Trust Fund Contribution		Add	ed to	ees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye			`	1
24	25	29	30			Personal Property Tax.		Yes	Ĺ	No
	9. Name and Address of Curre	ent Registered Agent		-		10. Name and Address of New Regist	ered A	gent		
14.0	NELL DATOICIA A			81	Name					
ANGELL, PATRICIA A				82	Street A	ddress (P.O. Box Number is Not Acceptable)				
	SO. SWOOPE AVE., #208									
MAI	TLAND FL 32751			83						
				84	City			85 2	Zip Co	de
						orporation submits this statement for the purpo	<u>FĻ</u>	ـــــــــــــــــــــــــــــــــــــــ	.,	
SIGNATURE	am familiar with, and accept the oblig		NOTE. Registered			quired when reinstating) DA		- Dine	2700	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S ANI	Char		Addition
TITLE	PTDS	☐ DELET							·9·	Д, юс.
NAME	SCHUMACHER, WERNER D	•	1.2 N/						-	• -
STREET ADDRESS	·	18			ADDRESS					
CITY-ST-ZIP	MAITLAND FL 32751	☐ DELET		1TY-S1	T- ZIP			Char	nge	Addition
TITLE	VPD		1						· .	_
NAME	SCHUMACHER, KATRINA	•	2.2 N		T 4 D D O F O O					
STREET ADDRESS		18			TADDRESS					
CITY-ST-ZIP	MAITLAND FL 32751	☐ DELE1			ST-ZIP			☐ Char	nge	Addition
TITLE	VAD		3.1 II						-	
NAME	ANCEIL, PATRICIA 225 So. Schope AUE	#208			ADDRESS					
STREET ADDRESS	MA.+/AND. F1 3275	,								
CITY-ST-ZIP	INTERPRETATION PI JA131	,	■ 34 C	41 f - S	ST-ZIP				200	☐ Addition
TITLE		/		TLF				☐ Char	ige	
NAME PERCET ADDRESS		DELET	Έ 4.1 TI					☐ Char	ige	
STREET ADDRESS		DELE1	E 4.1 TI	IAME	TADDRESS			Char	ige	
OID/ OF TO		OELE1	E 4.1 TI 4.2 N 4.3 S	IAME	T ADDRESS			Char	ige	
CITY-ST-ZIP		☐ DELE1	E 4.1 TI 4.2 N 4.3 S 4.4 CI	IAME TREET	T ADDRESS T-ZIP			☐ Char		Addition
TITLE			E 4.1 TI 4.2 N 4.3 S 4.4 CI	IAME TREET ITY-S	- 1					Addition
TITLE NAME		☐ DELE1	E 4.1 TI 4.2 N 4.3 S' 4.4 CI E 5.1 TI 5.2 N	TREET TY-S TLE AME	- 1					Addition
TITLE NAME STREET ADDRESS		☐ DELE1	E 4.1 TI 4.2 N 4.3 S' 4.4 CI E 5.1 TI 5.2 N 5.3 S'	TREET TY-S TLE AME TREET	T-ZIP					Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELE1	E 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 C	TREET TY-S TLE AME TREET	T-ZIP T ADDRESS				nge	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DELET	E 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI 6.1 TI 6.2 N 6.3 S'	TREET TITY-S' TITLE AME TREET TITLE AME TREET	T-ZIP T ADDRESS			☐ Char	nge	

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:

407-629-4900