FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$47542

(3)

INVESTMENT ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

SOS BOTH AVE.

2085 55TH AVE.

FILED Jun 09 1997 8:00am Secretary of State



VERO BEACH FL 32988			VERO BEA	VERO BEACH FL 32966-4602						
							3. Date Incorporated or Qualified 04/24/1991		e of Last R 5/1996	leport
2. Principal Place of Business			2a. Mailir	2a. Mailing Address			4. FEI Number Applied For			
<u> </u>			26							ot Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Feo Required		
City & State			City 8	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip		Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24		25	29	30			Florida Statutes Yes No			
=-1	9. Name		urrent Registered	Agent	_12-1		10. Name and Address of New Re			
WAL	KER, GRE	3ORY			81	Name				
	85TH AV				82	Stroot Adv	dress (P.O. Box Number is Not Acceptab	(0)		
	BEACH			•	02	Sileet Aut	dress (F.O. box nomber is not Acceptab	(C)		
					83					
					84	C3	·		leeT z:-	OI-
					64	City		FL	85 Zip (Code
11. Pyrsuant office or r agent. I a SIGNATURE	to the provi registerod a im familiar w	sions of Sections 60 gent, or both, in the with, and accept the	07.0502 and 607,150 State of Florida. Suc obligations of, Secti	8, Florida Statu ch change was on 607.0505, F	ales, the above authorized by forida Statute:	e-named col the corpora s.	poration submits this statement for the patients of the patients board of directors. I hereby accep	urpose of c it the appoi	:hang/ng it intrnent as	.s registered registered
SIGNATURE	Signature, type	d or printed name of regist	ered agent and title if applica	itile (NC	OIE Registered Age	ont signature req	ared when revistating)	EIA1E		
12,		OFFICER	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DVM			☐ DELETE	161 TIPLE			Į	Change	Addition
. NAME		GREGORY			1.2 NAME					
STREET ADDRESS	2085 551				1.3 STREET	ADDRESS				
CITY+ST-ZIP	VERO BE	ACH FL			1.4 CH1Y - S	1-2IP				
TITLE	PTSD			DELFTE	2.1 TO LE			L	Change	Addition
NAME	WALKER	KATHY M.			2.2 NAME					
STREET ADDRESS	2085 551				2.3 STREET	ADDRESS				
CITY-ST-ZIP	VERO BE	ACH FL		γ	2 4 CITY-	ST-ZIP		·		
TITLE				☐ DELETE	3 1 1171.E			L	Cnange	Addition
NAME	·				3.2 NAME					
STREET ADDRESS		•	4		3 3 STREET					
CITY-ST-ZIP				DELETE	3.4. CHY-	ST-7IP				
TITLE				☐ DELETE	4.1 TILLE			L	Change	Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET					
CITY-ST-ZIP				DELETE	4.4 CITY - S	1- ZIP	<u> </u>	₋ -	T Change	T Addition
TITLE				F" DEFEIL	5.1 TITLE	ļ		· L	Change	Addition
NAME					5.2 NAME					
SYREET ADDRESS					5.3 STREET					
CITY-ST-ZIP	<u> </u>			DELETE	5.4 CITY- S	I - ZIP			T Change	Addition
TITLE				L. DELETE	6.1 TITLE			L	Change	Addition
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREET	AFIDRESS				
AUTH OF THE					E 4 0 2 7 7	u I				

14. I do pereby 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 trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blook 12 or Block 13 if changed, or on an attachment with an address.

5/25/62