Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90028 036 \*\*\*150.00

## 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 # **S47542**

1. Corporation Name

INVESTMENT ENTERPRISES OF SOUTH FLORIDA, INC.					
Principal Place	e of Business	Mailing Address		T SEMPLANE SHE MEMEL HOURT MENNE GEMEN KEME MEMEL	Zieni eren Bien eren eren (eer
2085 55TH AVE. 2085 55TH AVE.					
VERO BEACH FL 32966 VERO BEACH FL 32966				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	SPACE
<u> </u>	•			04/24/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21				59-3066220	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
27				- Fee Required	
<b>⊢</b> ⊶-	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
i Zip	Country	⊢¬ <sup>Zip</sup> ⊢	Country	8. This corporation owes the current year In	ntangible
24	[25]	29 3	01	Personal Property Tax.  10. Name and Address of New Registered	
9. Name and Address of Current Registered Agent  81 Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
WALKER, GREGORY				Jally Malle Wa	efec
2085 55TH AVE. 82			82 Street Ad	dress (P.O. Bok Number is Not Acceptable)	
VERO BEACH FL 32966			83	000000000000000000000000000000000000000	770//
, =				ero black +	20966
}			84 City	FI.	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered. agent. I am familiar with, and accept the obligations of Section 607,0505. Florida Statutes.					
SIGNATURE	Signature typed or printed name of popular	lered agent and title if applicable. (NOTE: Ri	egistered Agent signature requ	pired when reinstating)	////
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DVM	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, GREGORY		1.2 NAME		
STREET ADDRESS	2085 55TH AVE.		1.3 STREET ADDRESS		-
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PTSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, KATHY M.		2.2 NAME		{
STREET ADDRESS	2085 55TH AVE.		2.3 STREET ADDRESS		
-CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP		النظمتن يتحصي
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		}
STREET ADDRESS	,		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, C/TY+ST-Z/P		
TITLE		☐ DELETE	4.1 TITLE	•	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP	L		4.4 CITY-ST-ZIP		
me		☐ DELĒTE	5.1 TITLE		☐ Change ☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition