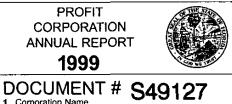
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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90097 005 ***150.00

WENZOL	A INVESTMENTS, INC.								
Principal Place	e of Business	Mailing Address					iri didii diac	i Biğil Wi	311 1 1 Bil 1 BBI
2606 S. FERN (CREEK	2606 S. FERN CREEK							
ORLANDO FL 32806 ORLANDO FL 32806						DO NOT WRITE IN T	HIS SPAC	E	
						3. Date Incorporated or Qualifed	10 01		
						04/26/1991			l
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26				59-3061463			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required			
22		27							·
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution	•	o.UU f dded to	May Be
Zip	Country	28	Country	,		This corporation owes the current year			71 003
24	25	29 30	- '			Personal Property Tax.	☐ Ye		□No
24	9. Name and Address of Current					10. Name and Address of New Register	ed Agent		
			81	Name					
	izel, gunther l		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			-
2606 S FERNCREEK AVE			-	Curcu	7144100				
ORL	ANDO FL 32806		83						
			84	City			85	Zip C	ode
				1		-	·L		
office or r	registered agent, or both, in the State o	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	, the above	e-named	corpor oration	ation submits this statement for the purpose's board of directors. I hereby accept the at	pointment	as reg	istered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes	i.	0.0.0				
agent. I a SIGNATURE	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes).		when reinstating) DATE			
agent. I a	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: Re	a Statutes).			AND DIR	ECTO	RS IN 12
agent. I a	m familiar with, and accept the obligati	t and title if applicable. (NOTE: Re	a Statutes).		when reinstating) DATE	AND DIR		
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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 of the reference 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 the an address, with all other like empowered.

SIGNATURE: _