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

PROFIT CORPORATION **ANNUAL REPORT** 1997



Secretary of State DIVISION OF CORPORATIONS

	MENT # S8665 NVESTMENTS, INC.	60 (6)			
Principal Plac	e of Business	Mailing Address			81814 61611 61811 61811 61811 61814 1881
101 LAKEVIEW DR. MORGANTOWN, WEST VA. 26505		801 UNO LAGO DRIVE JUNO BEACH FL 33408-2680 US			
				3. Date Incorporated or Qualified 10/11/1991	3a. Date of Last Report 04/30/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			55-0713963	Not Applicable	
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27				Fee Required	
City & State		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	
24]	25	29	30		Yes No
	9. Name and Address of Curi	ent Registered Agent		10. Name and Address of New Re	gistered Agent
POPE, KIMBERLY D.			81 Name	C. SOLOMO	o) Tt
801 UNO LAGO DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
JUN	IO BEACH FL 33408		83	on one	DDING
		1	63	•	
	1	}	84 City	- A De 00 11	FL 85 Zip Code
11. Pursuant	to the province of Sections 607	502 and 607 1508. Florida Stat	tutes the above-named corr	poration submits this statement for the r	
office or r	egistered intent, or both, in the sta	ale of Florida. Such change wa	s authorized by the corpora	poration submits this statement for the patients board of directors. I hereby acception's board of directors.	of the appointment as registered
	in familia with, and accept to ob-	igations of Section 607.0303.	Tionda Statoles.		
SIGNATURE	Signature upped or printed name of registered	agent and title it applicable (N	OTE: Registered Agent signalure requi		DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	CONTRACTOR II	☐ DELETE	1.1 TITLE		Change Addition
NAME	SOLOMON, J.C. II 101 LAKEVIEW DR.		1.2 NAME		
STREET ADDRESS City-St-Zip	MORGANTOWN WV		1.3 STHEET ADDRESS 1.4 CITY-ST-ZIP	101 0 mo mage	Drive
TITLE	We will be seen a seen	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		• —
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STHEET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME I		E PECETE	4.1 ITTLE 4.2 NAME		Fil Auguste Fil vonition
STREET ADDRESS			4.2 NAWE 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	5.4 C/TY - \$1 - Z/P		
TITLE		☐ DELETE	61 THLE		Change Addition
NAME SYDEET APPOING			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-ST-ZIP	ov certify that the information supp	ied with this filing does not gur	6.4 CITY-\$1-ZIP alify for the exemption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify that the
Information	n indicated on this annual export of fficer or director of the corporation	r avoniemental annual report is	s true and accurate and that owered to execute this repor	my signature shall have the same lega t as required by Chapter 607, Florida S	il effect as if made under oath: th

FILED Apr 18 1997 8:00am Secretary of State