FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:00

DOCUMENT # S92179 (8)

1. Corporation Name
JAMES STREET INVESTMENTS, INC.

Principal Place of Business	Mailing Address
3901 SE ST. LUCIE BLVD. #56 STUART FL 34997	3901 SE ST. LUCIE BLVD. #56 STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1991
3a. Date of Last Report: 06/02/1994
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 20 Cranes Nest	26 20 Cranes Nest
Suite, Apt. #, etc. 22 ~~Stuart FL~~	Suite, Apt. #, etc. 27
City & State 23 Stuart, FL	City & State 28 Stuart, FL
Zip 24 34996 Country 25 USA	Zip 29 34996 Country 30 USA

9. Name and Address of Current Registered Agent

LASCALA, C.J.
3901 SE ST. LUCIE BLVD.
#56
STUART FL 34997

Address change →

10. Name and Address of New Registered Agent

81 Name: LASCALA, C.J.
82 Street Address (P.O. Box Number is Not Acceptable): 20 Cranes Nest
83
84 City: Stuart FL 85 Zip Code: 34996

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] 1/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D ☒ Change ☐ Addition
NAME	LASCALA, C. J.	1 2 NAME	LASCALA, C.J.
STREET ADDRESS	3901 SE ST. LUCIE BLVD. #56	1 3 STREET ADDRESS	20 Cranes Nest
CITY ST ZIP	STUART FL 34997	1 4 CITY ST ZIP	Stuart, FL 34996
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, ROSALIE	2 2 NAME	
STREET ADDRESS	30 PEARSALL AVE. #2-G	2 3 STREET ADDRESS	
CITY ST ZIP	GLEN COVE NY 11542	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	LASCALA, R	3 2 NAME	
STREET ADDRESS	123 ST. MARKS PLACE	3 3 STREET ADDRESS	
CITY ST ZIP	MASSAPEQUA NY 11758	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: C J LaScala [signature] 1/12/95 407-286-5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381832 CP