COF	PROFIT RPORATION JAL REPORT 1998	AFTE	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				FILED Jan 23 1998 8:00am Secretary of State					
1. Corporation	INVESTMENT CORP.	_	(2)						2	1		
Principal Place of Business 900 BEACH ROAD SUITE 286 VERO BEACH FL 32963 Mailing Address 900 BEACH ROAD SUITE 266 VERO BEACH FL								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1992				
-	lace of Business		Mailing Address					4. FEI Number			pplied For	
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.					65-0315125			ot Applicable Additional	
22 City & Stat		27	Claus Class					5. Certificate of Status Desired		Fee R	equired	
23		28	City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	29	Zip		intry			This corporation owes or has Personal Property Tax due Ju			tangible No	
4 4	9. Name and Address of Curre		tered Agent	30				10. Name and Address of New			1100	
90 St	ake, William J. O Beach Road IITE 286 Ro Beach Fl 32963				82 83 84	Street A	\ddres	ss (P.O. Box Number is Not Accept	able)	85 Zip	Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 60 e of Floric gations of	07.1508, Florida Statut da. Such change was , Section 607.0505, Fl	tes, the al authorized orida Stat	bove d by cutes.	-named of the corp	corpor oration	ration submits this statement for the n's board of directors. I hereby acc	purpose o ept the app	f changing i pointment as	ts registered registered	
	Signature, typed or printed name of registered as				d Agen	nt signature i	required	when reinstating)	DATE			
12.	OFFICERS AI	ND DIREC	DELETE	13.	TIF	· 1		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR Change	RS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP	BLAKE, WILLIAM J. 900 BEACH ROAD, #286 INDIAN RIVER SHS FL			1,2 NA 1.3 ST	AME	ADDRESS		•		onange		
NAME STREET ADDRESS	DS BLAKE, PATRICIA R. 900 BEACH ROAD, #286 INDIAN RIVER SHS FL	ACH ROAD, #286		2.2 NA 2 3 ST	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS					Change	Addition	
TITLE NAME STREET ADDRESS			DELETE	2, 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS					☐ Change	Addition		
CITY-ST-ZIP TITLE NAME	D LI DELETE GRANT, PAMELA B.		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS				,		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	6209 N BERKLEY BLVD MILWAUKEE WI D BLAKE, TIMOTHY		☐ DELETE		TY-ST- TLE			· 		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	925 E WELLS #119 MIWAUKEE WI		DELETE		REET A	ADDRESS - ZIP				Change	☐ Addition	

CITY - ST - ZIP 6.4 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)(ii), 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 terroccute 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 address.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

1/12/98 561-234-4370