

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 # V16257

Corporation Name
INTER INVESTMENTS INC.

Principal Place of Business
5505 SE AULT AVE.
STUART FL 34997

Mailing Address
5505 SE AULT AVE.
STUART FL 34997
US

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90011 020 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26

City & State

27

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/25/1992

4. FEI Number

65-0319630

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

In accordance with 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 agent 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when rescind filing)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS: P RASTRELLI, ALFRED J ☐ DELETE

5505 SE AULT AVE.
STUART FL

ADDRESS: S RASTRELLI, MARLENE ☐ DELETE

5505 SE AULT AVE.
STUART FL

ADDRESS: ☐ DELETE

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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 on an attachment with an address, with all other like empowered.

NATURE: *Marlene Rastrelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

561-283 3592

CR2E034 (1/98)

V16257
587242-90011-20

7-6-99

Dear Sirs,

I am sending you
a copy of my 1st
notice D and check
mailed on 4-27-99
with a replacement
check being that
original has not
been received by you
or returned to me.

Sincerely

Marlene Lastrick
Hunter Inv. Inc..
65-0319630