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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 POCUMENT # V27262

(7)

PECO FLORIDA INVESTMENT, INC.

Principal Place of Business

Mailing Address

709 W. VINE STREET

709 W. VINE STREET

FILED May 01 1997 8:00am Secretary of State



KISSIMMEE FL 34741	KISSIMMEE FL 34741-418	8		
			3. Date Incorporated or Qualified 04/06/1992	3a. Date of Last Report 03/05/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 7041 Grand Nation	nal Drive 26		59-3157936	Not Applicable
Suite, Apt. #, etc. 22 120	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Orlando, FL 328	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Count		Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
	SA 29	30		Yes No
	ess of Current Registered Agent	81 Name	10. Name and Address of New Reg	ilstered Agent
VAN DEN BOOM, CEES		Cha	arles Kohlinger	
709 W. VINE STREET		I BZT Street Add	iress (P.O. Box number is not acceptabl	e)
KISSIMMEE FL 34741		83	l Grand National Driv	e
		Sui	lte 120	
		84 City 0-1		FL 85 Zip Code 32819
11. Pursuent to the provisions of 800	Silons 607 0502 and 607 1898. Florida Statu	les, the above-named con	ando poration submits this statement for the pr	Lurgose of changing its registered
office or registered agent or bot agent. I am lamiliar with and ac	Silons 607.0502 and 607.1208, Florida Statu h, in the Staty of Florida Such change was copt the obligations of Section 607.0505, F	authorized by the corpora lorida Statutes.	ation's board of directors. I hereby accep	the appointment as registered
SIGNATURE Signature, typod or printed name	ne of registered agent and the applicable (NC	O1E: Registered Agent signalure requ	arnd when reinstative)	DATE
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE D	☐ DELETE	1 1 TITLE	,	Change Addition
NAME YSBRANDY, CORN	velis	1 2 NAME		
STREET ADDRESS DENNENLAAN 49		13 STREET ADDRESS		
CITY-ST-ZIP THE NETHERLAND	OS CONTRACTOR OF THE CONTRACTO	1.4 CiTY-ST-ZIP		
TITLE D	DELETE	2 1 1 II LE	w /	Change Addition
NAME ROEMER, JOKE S	CHUIT	2.2 NAME	Thormer she	-
STREET ADDRESS DENNENLAAN 49		2 3 STREET ADDRESS	Thoence	~
CITY-ST-ZIP THE NETHERLAND		2 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 THILE	/ -	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	D or ere	3.4 CITY-ST-ZIP		Change Addition
TITLE	DELETE	4.1 TIPLE		Change Addition
NAME		4. 2 NAME		-
STREET ADDRESS		4.3 STREET ADDRESS	/	
CITY-ST-ZIP	Drutte	4.4 CITY-ST-ZIP /	/	Change Addition
TITLE	☐ DELFTE	5.1 TO LE		Change C Addition
NAME		5.2 NAME		
STREET ADDRESS		53 STREFT ADDRES9		
CITY-ST-ZIP	Deleve	5.4 CHY-S1-ZIP		Change Addition
TITLE	[] DELETE	6 1 1/1LE		Li change Li Addition
NAME		6 2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP	mation expedied with this filing does not our	64 CITY-ST-ZIP	ed in Section 119 07/3)(i) Florida Statute	Lifurther certify that the

I formation 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 egidness.