

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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V41428** (6)  
1. Corporation Name  
**INVESTMENT HOTLINES & CO., INC.**



Principal Place of Business  
**626 LAKEVIEW RD-  
SUITE B-  
CLEARWATER FL 34616  
US**

Mailing Address  
**626 LAKEVIEW RD-  
SUITE B-  
CLEARWATER FL 34616-3336  
US**

3. Date Incorporated or Qualified  
**06/05/1992**

3a. Date of Last Report  
**06/19/1996**

2. Principal Place of Business  
21 **621 LAKEVIEW Rd**  
Suite, Apt. #, etc.  
22 **Suite D**  
City & State  
23 **CLEARWATER, FL**  
Zip  
24 **34616** Country  
25 **US**

2a. Mailing Address  
26 **621 LAKEVIEW Rd**  
Suite, Apt. #, etc.  
27 **Suite D**  
City & State  
28 **CLEARWATER, FL**  
Zip  
29 **34616** Country  
30 **US**

4. FEI Number  
**59-3137852**

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

9. Name and Address of Current Registered Agent

**ZSCHAU, JULIUS J  
28050 US HIGHWAY 19 N  
SUITE 501  
CLEARWATER FL 34621**

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

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HARE, DAVID W</b>			1.2 NAME			
STREET ADDRESS	<b>RURAL ROUTE 1 BOX 71</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DANVILLE VT</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MARRIOTT, JEFFREY</b>			2.2 NAME			
STREET ADDRESS	<b>626 LAKEVIEW RD, STE B</b>			2.3 STREET ADDRESS			<b>621 LAKEVIEW Rd #D</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>			2.4 CITY-ST-ZIP			<b>CLEARWATER, FL. 34616</b>
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>STEHNEY, KENNETH J</b>			3.2 NAME			
STREET ADDRESS	<b>626 LAKEVIEW RD, STE B</b>			3.3 STREET ADDRESS			<b>621 LAKEVIEW Rd #D</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>			3.4 CITY-ST-ZIP			<b>CLEARWATER, FL. 34616</b>
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WHITE, STEWART T</b>			4.2 NAME			
STREET ADDRESS	<b>626 LAKEVIEW RD, STE B</b>			4.3 STREET ADDRESS			<b>951 Cortland Way</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>			4.4 CITY-ST-ZIP			<b>Palm Harbor, FL. 34683</b>
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: *[Signature]* **4/25/97** **813-461-3317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)