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

PROFIT CƏRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90038 004 ***150.00

FILED

1999

DOCUMENT # **V64903**

MARICOPA INTERNATIONAL INVESTMENT CORPORATION

Maricopa Investment Funds

	DUN MONOPONI		1 Del Co.C.		Ti Bibil Bibil bibil bibil bibil	
Principal Place	e of Business	Mailing Address				
% DAVID M. MC		% DAVID M. MOBLEY. S		1		
40621-AIRPORT-PULLING RD N SUITE 8 NAPLES FL 24404 NAPLES FL 24404			HU W JOHNEY	DO NOT WRITE IN THIS SPACE		
NAPLES FL 241 US	o-	US		3. Date Incorporated or Qualifed		
				09/16/1992		
2. Principal Pl	ace of Business	2a. Mailing Address	, , , , , , , , , , , , , , , , , , ,	4, FEI Number	Applied For	
21 5150	o Tamiami Tr. N.	26 5150 Ta	miamilr. N	J- 65-0357343	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	_	5. Certifcate of Status Desired	\$8.75 Additional	
22 #	700	27 # 70	XO	5. Certificate of Citates 200.000	Fee Required	
City & State City & State			- -,	6. Election Campaign Financing	\$5.00 May Be	
23 NO.1	oles. Fh	28 1000 CS	16	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intal		
24 34 ()3 25 US	29 34102	30 US	Personal Property Tax. 10. Name and Address of New Registered A		
	9. Name and Address of Current	Registered Agent	94 Nome	10. Name and Address of New Registered A	yem	
SALVATORI, LEO 81 Name Naples-				les-LAwdock, Inc.		
	N US 41 STE 390.		82 Street			
	** ** ** ***		H2	ni in lawitaut it. 49	,00	
NAPI	LES FL 34103		83			
			84 City	F 1	85 Zip Code	
				FL	1 1 1 1 1 1 1 1 1 1 1 1	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Sta	tutes, the above-named s authorized by the corp	corporation submits this statement for the purpose of operation's board of directors. I hereby accept the appoint	nanging its registered tment as registered	
office or re agent. I a	egistered agent, and are in the state of m familiar with and accept the obligation	ons of, Section 607.0505, I	Florida Statutes,	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	•	
SIGNATURE	$X \mathcal{V}(I) \mathcal{F}$					
SIGNATURE	Signature, typed or brinted flar erfor registered agent		OTE: Registered Agent signature r		O DIDECTORS IN 10	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
TITLE	_ 	☐ DELETE	1.1 TITLE			
NAME	MOBLEY, DAVID	LHTC A	. 1.2 NAME	5150 N. Tamiami Tr. # 700)	
STREET ADDRESS	10621 AIRPORT PULLING RD SI	UHE 3	1.3 STREET ADDRESS	100 10. 10111 of 11 .		
CITY-ST-ZIP	NAPLES FL-		1.4 CITY-ST-ZIP	Naples, FL 34103	Change	
TITLE	Τ	☐ DELETE	2.1 TITLE	ST	Citatige Addition	
NAME	MOBLEY, GWENDOLYN		2.2 NAME	- Talan		
STREET ADDRESS	18621-AIRPORT PULLING RD, S	JUITE 8-	2.3 STREET ADDRESS	- 5150-N. Tamiami Tr. #700		
CITY-ST-ZIP	-NAPLES FL-		2.4 CITY-ST-ZIP	Naoles, PL 34103		
TITLE	VR P	☐ DELETE	3.1 TITLE	P ' '	Change Addition	
NAME	MOBLEY, WILLIAM E		32 NAME	5100 H Tania - T +700	•	
STREET ADDRESS	10621 AIRPORT PULLING RD S	UITE 3	3 3 STREET ADDRESS	5150 N. Tamiami Tr. +700		
CITY-ST-ZIP	-NAPLES FL-		3.4. CITY-ST-ZIP	Naples FL 34103		
TITLE	-\$-	DELETE	4.1 TITLE		Change	
NAME	SWEET, GANDACE S		4. 2 NAME	50	•	
STREET ADDRESS	10621 AIRPORT PULLING RD S	UITE.3.	4.3 STREET ADDRESS	40*		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	VP Mahley Dried To	☐ Change Addition	
NAME	Mobley David Jr		5.2 NAME	Mobley, Navici JC	2 -	
STREET ADDRESS	HOLD Airport Oct		5.3 STREET ADDRESS	5150 N. Tamiami #100		
			5.4 CITY-ST-ZIP	VP Mobley, David Jr 5150 N. Tamiami #100 Naples, FL 34103		
CITY-ST-ZIP		☐ DELETE		- Ivahiran I	☐ Change ☐ Addition	
TITLE			6.2 NAME			
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP			
CITY OT 7ID	i .		■ 0.+ O(11"01"ДГ	I .		

14. 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 chapters or on an attactyment with an address, with all other like empowered.

SIGNATURE: >