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 # J10859

1. Corporation Name

ROBERT ENNIS INVESTMENTS, INC.

Principal Place of Business Mailing Address						Tide (Ridt Rift) vari di			
C/O LIPSON, BLATTMAN & LUNDY C/O LUNDY & SHACTER								: : ·	
150 N.W. 168TH	7. 168TH ST. 150 NW 168 S.E., #300					DO NOT WRITE IN THIS SPACE			
N MIAMI BCH, FL 33169-6034 N. MIAMI BCH, FL 33169-6034						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
		U\$			04/23/1986	Qualifed			
2 Principal Place of Business 2 2a, Mailing Address					4, FEI Number		Apr	plied For	
21 CO Lyndy & Stacter, P.A. 26 C/O Lundy & Sta				<u>, (20</u>	59-2669141		Not	t Applicable	
Suite, Apt. #, etc. 22 9655 W. BrowARD Blvd 27 9655 W. BrowARD				BIVO	5. Certifcate of Status I	Desired	\$8.75 A		
City & State City & State City & State City & State 23 Plantation, FL 28 Plantation, FL					 Election Campaign F Trust Fund Contribut 		\$5.00 Added to		
Zip Country Zip Cou					8. This corporation owe	s the current yea	r Intangible		
3332	25	29 33324 30	0		Personal Property Ta			□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Registe	red Agent		
			81	Name				Į.	
ENNIS, ROBERT				82 Street Address (P.O. Box Number is Not Acceptable)					
3455 STALLION LN									
WINDMILL RANCH ESTATES									
WESTON FL 33331			84	City			85 Zip C	Code	
				,			FL 👸 🚟		
office or re agent. I as	to the provisions of Sections 607.0502 sgistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida, Such change was autr ions of, Section 607.0505, Florid	norized by la Statutes	tne corpo	oration's board of directors. I her	reby accept the a	ppointment as res	jistered 	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGE	S TO OFFICERS	S AND DIRECTO	RS IN 12	
TITLE	PS	DELETE	1.1 TITLE		, , , , , , , , , , , , , , , , , , , ,		Change	☐ Addition	
NAME			1.2 NAME						
STREET ADDRESS	A SEE OTHER CONTROL OF THE CONTROL O			TADDRESS					
CITY-ST-ZIP	WESTON FL 33331		1.4 CITY-S	T-ZIP					
TITLE			2.1 TITLE	-			Change	Addition	
NAME	221		2.2 NAME						
STREET ADDRESS	2.35		2.3 STREE	T ADDRESS				}	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP					
TITLE	☐ DELETE 3.11		3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME		•			,	
STREET ADDRESS			3.3 STREE	TADORESS				ľ	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			- 		
TITLE		☐ DELETE	4,1 TITLE				☐ Change	☐ Addition	
NAME			4. 2 NAME		,				
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE		_		☐ Change	Addition	
NAME			52 NAME				-		
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME		1			Ì	

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 changed, or on an attachment with an address, with all the information 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 the properties of the corporation 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

UN Robert SI BRILLIS MUD

FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90031 028 ***150.00