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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M44317

1. Corporation Name

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90028 012 ***150.00

| | N FLORIDA INVESTMENTS | | | | |
|---|---|-----------------------------------|---|--|--|
| 1 | ace of Business | Mailing Address | - | , 10010011 (1) 01011 0100 (1) 01 1101 110 | tar avarı dığır graft ütöti Biğli ölüli 1891 |
| | CONCOURSE | 1048 KANE CONCOURSE | | | |
| STE. 2B STE. 2B BAY HARBOR FL 33154 BAY HARBOR FL 33154 | | | | | |
| US BAY HARBOR FL 33154 US US | | | | DO NOT WRITE I | N THIS SPACE |
| 50 | | 03 | | 3. Date Incorporated or Qualifed | |
| 2 Dain de al | Discourse | | | 12/31/1986 | • |
| \vdash | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2756699 | Not Applicable |
| Suite, Ap | ot. #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certifcate of Status Desired | Fee Required |
| City & St | ate | City & State | | 6. Election Campaign Financing | \$5.00 |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current y | |
| 24 | 25 | 29 | 30 | Personal Property Tax. | Yes ∐No |
| | Name and Address of Cur | rent Registered Agent | | 10. Name and Address of New Regis | |
| | | | · 81 Name | The second of the second | words Whent |
| | DINSKY, MARILYN | | <u> </u> | | |
| | 48 KANE CONCOURSE | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| ST | E. 2B | | 83 | * | The second section of the second |
| BA | Y HARBOR FL 33154 | | 63 | | likiting like in the state of t |
| | | | 84 City | | ■. 85 Zip Code |
| agent. I | am familiar with, and accept the obli | gations of, Section 607.0505, Flo | rida Statutes. | corporation submits this statement for the purp oration's board of directors. I hereby accept the | appointment as registered |
| 12. | | AND DIRECTORS (NOTE | Registered Agent signature re | | ATE |
| TITLE | PST | DELETE | 13. | ADDITIONS/CHANGES TO OFFICE | |
| NAME | GADINSKY, MARILYN | O DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | 4040 1/4415 0011001100- | AD. | 1.2 NAME | | |
| | BAY HARBOR FL 33154 | 2D | 1.3 STREET ADDRESS | | |
| CiTY-ST-ZIP | DAT HANDON PL 33154 | | 1.4 CITY-ST-ZIP | • | |
| TITLE | İ | | | | |
| NAME | | ☐ DÉLETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | d . | ☐ DELETE | 2.1 TITLE 2.2 NAME | | ☐ Change ☐ Addition |
| CITY-ST-ZIP | 1 | ☐ DELETE | | | ☐ Change ☐ Addition |
| TITLE | | ☐ DELETE | 2.2 NAME 2.3 STREET ADDRESS | | ☐ Change ☐ Addition |
| MALIE | | ☐ DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| NAME | | | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | | Change Addition |
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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 eath; 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.

SIGNATURE: