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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90125 007 ***158.75

DOCUMENT # 1. Corporat on Name	V4529704	

Principal Place of Business

2210 INVESTMENT, INC.

Mailing Address

Mailing Address

Machendale No. 31st Avenue (Same)

Landerdale Lakes, FL 33309

3. Date Incorporated or Qualifed

DO NOT WRITE IN THIS SPACE

	Machaeles and realism.	33301			6/23/97		
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	4019 NW 31st Avenue	26 (Same))		65-0340994		Not Applicable
22	Suite, Ap . #, etc.	Suite, Apt. #, etc.	,		5. Certifca e of Status Desired	•	.75 Ad ditional ee Required
23	City & Stite Lauderdalo hake F	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
			Cou	ntry 8. This corporation owes the current year ir tangible			
24	25	29	30		Personal Property Tax.	☐ Ye	es []No
	9. Name and Address of Current I	Registered Agent	-		10. Name and Address of New Registered	Agent	
	Dansheh, wael 1681 NW 100th W			81 Name82 Street Add	ress (P.O. Box Number is Not Acceptable)		
				83			
	Plantation FL	33392		84 City	FI	85	Zip Corte

Pursuan: to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, 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	nature, typed or printed nam i of registered agent a id title if applicable. (NOTE	Registered Agent signature requ	red when reinstating)	DATE				
12.	CIFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS A	D DIRECTOR	S IN 12		
	DV □ DELETE	1.1 TITLE			Change	☐ Addition		
NAME J	schesoh, Hanon 081 Nov 100th Wag	12 NAME						
		13 STREET ADDRESS						
CITY-ST-ZIP	Partation, FL 33302	1.4 CITY-ST-ZIP	- <u></u> -					
TITLE P	DELETE	2.1 TITLE			Change	Addition		
NAME T	Shantation, FL 33322	22 NAME						
STREET ADDRESS 1 (281 NM, 100 to mora	2.3 STREET ADDRESS						
CITY-ST-ZIP	Plantation, FL 33322	2.4 CITY+ST-ZIP				- 		
TITLE	☐ DELETE	3.1 TITLE			Change	Addition		
NAME	-	3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE			Change	☐ Addition		
NAME		4 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE			Change	Addition		
NAME		5.2 NAME						
STREET ADDRESS		53 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	DELETE	6.1 TITLE			Change	Addition		
NAME		62 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP	if, that the information encolled with the filing does not qualify for	6.4 CITY-ST-ZIP						

Increby perity 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 arrural report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an effective method and others, with all other the empowered.

SIGNATURE:

SIGNATUR : AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (11/98)