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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 380456

(4)

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| Apr | 10 | 1998 | 8:00am |
| Se | cre | tary o | f State |

| • | PLACE INVESTMENT, INC. | Mailing Address C/O HOWARD J. BRA | SEMAN | | | | | | |
|---|--|---|--|--|--|--------------------|-----------------------------|---|--|
| 7900 MIAMI LAKES DR. W. 7900 MIAMI LAKES DR. W. | | | R. W. | | | | | | |
| HIALEAH FL | 33016-5812 | HIALEAH FL 33016-581 | 12 | | | E IN THIS SPACE | CE | | |
| | | | | | 3. Date Incorporated or Qualified 04/15/1971 | | | | |
| 2 Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | I lan | plied For | |
| 21 | ace or business | 26. Maning Address | | | 59-1354410 | | | t Applicable | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | | | <u>\$</u> | | Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desired | | Fee Re | | |
| City & Stat | le | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 3 | | 28 | | | Trust Fund Contribution | | Added to | o Fees | |
| Zip | Country | Zip | Country | | This corporation owes or has p Personal Property Tax due Jun | aid the current | AALYPY | angible RE | |
| 4 | 25 | 29 | 30 | | Personal Property Tax due Jun | e 30. L X # | 22=10 | 139750 | |
| Dr. | Name and Address of Current RAPMAN, HOWARD J. | r negistered Agent | 81 N | ame | 10. Name and Address of New R | egistereo Agei | nt | | |
| | NACHMAN, NOWARD J. 100 MIAMI LAKES DR. W. | | | | | | | | |
| | IAMI LAKES FL 33016 | | 82 St | reet Addre | ss (P.O. Box Number is Not Accepta | ible) | | | |
| 4411 | INMI ENICOTE SSOTO | | B3 | | | | | | |
| | | | | | | | | | |
| | | | B4 Ci | ty | | FL 8 | 5 Zip C | Code | |
| office or r | to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations of the section of the section of the provision of th | of Florida. Such change was ations of, Section 607.0505, I | s authorized by the | corporation | n's board of directors. I hereby acce | ept the appoint | ment as i | registered | |
| | Signature, typed or printed name of registered agen | | | | | | | | |
| 12 | | | IOTE: Registered Agent sig | nature required | | DATE | ECTOR! | S IN 12 | |
| | OFFICERS AND | | OTE: Registered Agent sig | nature required | when reinstating) ADDITIONS/CHANGES TO OFFI | CERS AND DIF | RECTORS | | |
| TITLE | OFFICERS AND | DIRECTORS | 13. | nature required | | CERS AND DIF | | | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AND | DIRECTORS | 13. 1.1 TITLE | | | CERS AND DIF | | | |
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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.

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(305) 364-4213