

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90018 008 ***150.00

DOCUMENT # 573187

1. Corporation Name
FAITHFUL INVESTMENTS CORPORATION

Principal Place of Business

~~* JOSIAS & GOREN, P.A.~~
~~3099 E. COMMERCIAL BLVD., #200~~
~~FT. LAUDERDALE FL 33308~~

Mailing Address

~~* JOSIAS & GOREN, P.A.~~
~~3099 E. COMMERCIAL BLVD., #200~~
~~FT. LAUDERDALE FL 33308~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1978

4. FEI Number

59-1878816

Applied For
Not Applicable

2. Principal Place of Business

21 C/O JOSIAS, GOREN, CHEROF,
DOODY & EZROL, P.A.

Suite, Apt. #, etc.

22 3099 E. Commercial Blvd., #200

City & State

23 Fort Lauderdale, Florida

Zip

24 33308

Country

25 U.S.A.

2a. Mailing Address

26 C/O JOSIAS, GOREN, CHEROF,
DOODY & EZROL, P.A.

Suite, Apt. #, etc.

27 3099 E. Commercial Blvd., #200

City & State

28 Fort Lauderdale, Florida

Zip

29 33308

Country

30 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

g. Name and Address of Current Registered Agent

GOREN, SAMUEL S.
3099 E. COMMERCIAL BLVD
#200
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE
NAME GREEN, HAROLD
STREET ADDRESS 2201 NW 30TH PL
CITY-ST-ZIP POMPANO BCH FL

TITLE D ☐ DELETE
NAME GREEN, HAROLD
STREET ADDRESS 2201 NW 30TH PL
CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1999 (416) 486-4270

Date

Daytime Phone #

CR2E034 (11/98)

0286382