## 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 #

1. Corporation Name

.F . 8.4.630/

ENCORE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90166 041 \*\*\*150.00

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			DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualifed			
			06/09/1982		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 39700 S. Dixie Highway	26 9700 S. Dixi	e Highway	59-2266901	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>		\$8.75 Additional	
22 Suite 1020	ite 1020 27 Suite 1020		5. Certifcate of Status Desired	Fee Required	
City & State	City & State	<del>-</del>	6. Election Campaign Financing	\$5.00 May Be	
23 Miami. Florida	28 Miami, Florida		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year In	tangible	
24 33156-2865 25 USA	33156-2865	0 USA	Personal Property Tax.	☐Yes ☐No	
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
81 Name					
MANDEL			MANDEL, ROBERT S.		
		82 Street Add	tress (P.O. Box Number is Not Acceptable) 1700 South Dixie Highway		
83 South Dixle Highw				<u>u y</u>	
		[ ]	Suite 1020		
		84 City	Miami FL	85 Zip Code 33156	
44 Power and Are the constraint of Constraint CO7 054	O A COS ASSOCIATION STANDARD		izamiz ,	_	
11. Pursuant to the provisions of Sections 607.05c office or registered agent or both, in the State	of Ptorida. Such change-was auth	, the above-named cor norized by the corporal	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	intment as registered	
agent. I am familiar with, and accept the online			tion's board of directors. I hereby accept the appoint		
SIGNATURE SIGNATURE	Melicket Ro	bert S. Mand	del, President April 20,	1999	
Signatule, typed or printed name of registered age		egistered Agent signature requi		ID DIDECTORS IN 42	
<del></del>	ND DIRECTORS /	13.	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12  IX Change ☐ Addition	
TITLE	□ pere≀e	1.1 TITLE		ZY Change Addition	
		MANDEL, ROBERT S. 9700 S. Dixie Highway, Suite 1020			
STREET ADDRESS		1.3 STREET ADDRESS		tte 1020	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33156-2865		
TITLE	☐ DELETE	2.1 TITLE	S	Change ☐ Addition ☐	
ME 2.2 NAN		2.2 NAME	MANDEL, RONA C.		
STREET ADDRESS	DORESS 2.3 ST			uite 1020	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	Miami, FL 33156-2865		
TITLE	☐ DELETE	3.1 TITLE	•	Change Addition	
NAME 32 NA		32 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		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
CINY-ST-ZIP	☐ DELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
SUREET ADDRESS		5.0 STREET ADDRESS			

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 is put 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 of 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 a statement with address, with all other like empowered.

**SIGNATURE:** 

Ecqui / langer 100010

Robert S. Mandel

April 20, 1999

305-670-0671

Daytime Phone #