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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 1. Corporation Name

CTOMEDITECT INVESTMENTS CORPORATION

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90128 009 ***150.00

STONEN	UNST HAVESTWEINTS CO.	ii onation							
Principal Place of Business Mailing Address						I INDINIT DESE ERMIT 10051 10010 DESAL DESE DESA) BIBIT BIBIT BIBIT BI	### ##################################	
720 CONCHSHELL WAY PLANTATION FL 33324 720 CONCHSHELL WAY PLANTATION FL 33324						DO NOT WRITE IN TH	IS.SPACE===	ف تحمین عو	
	خفائي شدست وتنصير				-	3. Date Incorporated or Qualifed			
						09/05/1985			
2. Principal Pl	ace of Business	2a. Mailing Address			.	4. FEI Number	Apr	olied For	
21		26				59-2584484	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23	28					Trust Fund Contribution	Added to) Fees	
Zip	Country 25	Zip 30	Country			This corporation owes the current year Personal Property Tax.		ĽHO _	
[24]	9. Name and Address of Curre					0. Name and Address of New Registere	d Agent		
		- LILL FOR POWER AT THE	81	Name					
FEINSTEIN, MARVIN 720 CONCHSHELL WAY				Street	Address	ess (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324									
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>						
			84	City		F	85 Zip C	,ode	
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 based or opplied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
45	Signature, typed or printed name of registered ag		stered Ager	nt signature re	required wh	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12. TILE		ND DIRECTORS	1.1 TITLE			ADDITIONO/OFFICE TO OFFICE I.C.	☐ Change	Addition	
NAME	OP.		1.2 NAME			2	-		
STREET ADDRESS	FEINSTEIN, MARVIN	1		T ADDRESS				İ	
CITY-ST-ZIP	720 CONCHSELL WAY PLANTATION FL		1.4 CITY-S						
TITLE			2.1 TITLE				Change	Addition	
NAME			2.2 NAME					{	
STREET ADDRESS.	615 DORCHESTER ST. #330		2.3 STREE	TADDRESS				-	
CITY-ST-ZIP	QUEBEC, CANADA		2. 4 CITY-5	ST- ZIP					
TITLE	GOEDLO, VARAVA	☐ DELETE	3.1 TITLE				☐ Change	Addition	
NAMÉ			3.2 NAME					1	
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CITY-ST-ZIP			3.4. CITY-5	T-ZIP					
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CITY-ST-ZIP			4.4 CITY-S	T-ZIP			- Charge	Addition	
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STREET ADORESS				T ADDRESS		1.70	·		
CITY-ST-ZIP		<u> </u>	5.4 CITY-S 6.1 TITLE	1-212			Change	Addition	
TITLE	,		6.2 NAME						
NAME	* F 1*	,		T ADDDCCC					
STREET ADDRESS		i		T ADDRESS				.]	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	L				

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 of 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR