## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1990	COUNTY OF	DIVISION O			<b>NO</b>					
DOCUMENT # J26056 (8) 1. Corporation Name											
	iational investme	NTS IN TIME,	INC.								
Principal Place of Business Mailing Address							E ROOMER DIE MEET DE LE CONTRE	IB 8551 BIBIS	AIBH AIBH BIRH A		
2998 MCFARLANE ROAD 1645 W. 22ND STRE COCONUT GROVE FL 33133 MIAMI BEACH FL 33			•								
US							3. Date Incorporates or Qualified 07/28/1986	3a. (	<b>3a.</b> Date of Last Report <b>04/18/1995</b>		
2. Principal Place of Business 2a. Mailing Address 26							<b>4.</b> FE: Number <b>59-2004398</b>			Applied For Not Applicable	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						5. Certificate of Status Desired		·	Additional		
22 27								[J		Required	
City & State			City & State				Election Campaign Financing     Trust Fund Contribution			May Be	
<b>Z</b> ip	<del></del>		7 <sub>IP</sub>		itry			rust Fund Contribution Added to Fees his corporation has liability for intangible tax under s. 199.032,			
24	25	29	•	30	,			s ∐No			
	9. Name and Address of	of Current Register	red Agent				10. Name and Address of New	Register	ed Agent		
					B1	Name					
GRAY, KEITH A. 9595 HARDING AVENUE -2099 S. BAYSHORE DR. SURFSIDE FL 33154				Ţ	82	Street Addr	ess (P.O. Box Number is Not Accept	able)			
					B3						
									· - · · - + · · - + · · - · · ·		
					B4	City		F	<b>=     85</b>   Zır	Code	
familiar witi SIGNATURE	ed agent, or both, in the Stat th, and accept the obligations Signature, typed or printed name of regi	s of, Section 607.05	05, Florida Statute	9S.			ation submits this statement for the p rd of directors. Thereby accept the ap divining county.	ramhoqi tag		agent. I am	
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO O	FICERS			
TITLE	Ob A Return		☐ DELETE	1 116					[] Change	Addition	
NAME	GRAY, KEITH 1645 W. 22ND STREE	<b>:</b> T			1.2 NAME 1.3 STHEET ADDRESS						
STREET ADDRÉSS	MIAMI BEACH FL	-1				i					
CITY-ST-ZIP TITLE	MINIMI DENOTITE		[ ] DELETE	2 1 TH		. 71-			Change	Addition	
NAME			_	22 NA	ΜE					<u>-</u>	
STREET ADDRESS				23 STF	EE1#	ODRESS					
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NAME				6.2 NA					L1 2.10190		
STREET ADDRESS											
				63.51	REELA	VDDRESS					
CITY - \$1 - ZIP				6.4.017	Y-SI	ZIP	or the exemption stated in Section 1				

can be an anomalous instance of this arriver report of supporting it and their education and their report is not and their education of the receiver of their empowered to execute this report is required by Chapter 607, Forida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. 13-96 (36) 5347111