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

**PROFIT CORPORATION** 





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(3)

**ESSEX INVESTMENT CORP.** 

**FILED** May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					1 1001519 0191 01101 11011 10011 0191 019	ATT ALDIL STATE ATATE FORE
910 NW TENTH PLACE 910 NW TENTH PLACE						
FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311						
					DO NOT WRITE IN THIS SE	ACE
					3. Date Incorporated or Qualified 02/02/1987	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					NOT APPLICABLE	Not Applicable
		Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & Class				Fee Required
23		City & State			6. Election Campaign Financing	\$5.00 May Be
		28 Zip	Zip Country		Trust Fund Contribution	Added to Fees
24	25 29 30		<b>├</b> ──	,	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year intangible Yes 🗶 No
	9. Name and Address of Current		1301		10. Name and Address of New Registered Ag	
* ROSENTHAL, ALAN S., ESQ. 81 Name						,
TURNBERRY PLAZA, STE. 500			0.0	Otro at Astro	(0.0 5. 1)	
2875 N.E. 191ST ST			82	Street Addir	ress (P.O. Box Number is Not Acceptable)	
	ENTURA FL 33180		83			
			84	000		
			64	City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-nar					poration submits this statement for the nurness of c	hanging 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 little if applicable (NOTE: Reg				ent signature require	red when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	- Detecte		1.1 THEF		L.	Change Addition
NAME KASSAL, STANLEY STREET ADDRESS 910 NW TENTH PLACE		1.2 NAME				
STREET ADDRESS	FT LAUDERDALE FL	1.3 STREET ADDRESS				•
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHTY-1	ST · ZIP		Change Addition
NAME	ROSENTHAL, ALAN S.	רין הכננונ	2.1 TITLE		_	Change L Addition
STREET ADDRESS	ARTE NE 101CT CTE EAA		2.2 NAME	1.4500500		
CITY-ST-ZIP	AVENTUDA EI			1 ADDRESS		
TITLE			2. 4 CITY- 3.1 TITLE	S1-ZIP		Change Addition
NAME	KASSAL, MICHAEL	32 N			_	_ J.A /NOORON
STREET ADDRESS	910 NW TENTH PLACE			ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-			
TITLE		DELETE	4.1 TITLE	V: LII		Change Addition
NAME			4 2 NAME		_	-
STREET ADDRESS			4.3 STREET	r address		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETÉ	5.1 TITLE			Change Addition
NAME			5.2 NAME			j
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - 9	ST - ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME	6.2		6.2 NAME			ļ
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
14. I hereby o	artifu that the information europlied with	to this filing door not qualify t	or the even	tion stated in f	Section 110 07/3Vi) Florida Statuton, Lifurther partif	. Abot the information

indicated on this annual report or supplied with this tiling does not quality 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 armual 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 trues(i) 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.