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 Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90131 043 ***150.00

DOCUMENT # **J62177**

1. Corporation Name

GEORGETOWN INVESTMENTS, INC.

Principal Place of Business	Mailing Address						
%TISHMAN 1500 SOUTH OCEAN DRIVE. APT. 15K HOLLYWOOD FL 33019 US	%TISHMAN 1500 SOUTH OCEAN DRIVE. APT. 15K HOLLYWOOD FL 33019 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/13/1987				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
	26		59-2793407	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip 30	Country	This corporation owes the current year to Personal Property Tax.	ntangible ☐ Yes ☐ No			
9. Name and Address of Curr			10. Name and Address of New Registered				
LAWITSCHKA, RUTH 1500 SOUTH OCEAN DRIVE		81 Name 82 Street Add					
HOLLYWOOD FL 33019		83					
		84 City	FI	85 Zip Code			
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Star	502 and 607.1508, Florida Statutes, the of Florida. Such change was author	ne above-named corp rized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	of changing its registered cintment as registered			

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		2075		F	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE	ADDITIONAL ANGLO TO OF THE	☐ Change	Addition	
NAME	LAWITSCHKA, RUTH		1.2 NAME			_	
	1500 S OCEAN DR. 15K		1.3 STREET ADDRESS				
STREET ADDRESS	HOLLYWOOD FL						
CITY-ST-ZIP		□ pricte	1.4 CITY-ST-ZIP		☐ Change	Addition	
TITLE	VDT	☐ DELETE	2.1 TITLE		[_] Criange	□ Magition	
NAME	LEVY, ABRAHAM		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP		:		
TITLE		☐ DELETE	3.1 T/TLE	1	Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		• .		
CITI: ST-ZIP			3.4. CITY-ST-ZIP				
IIILE		☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
			4.2 NAME		*		
ADDRESS			4.3 STREET ADDRESS				
ST-ZIP			4.4 C/TY-ST-Z/P				
		☐ DELETE	5.1 TITLE		Change	☐ Addition	
_			5.2 NAME	•			
···· r ADDRESS			5.3 STREET ADDRESS				
ST-ZIP			5.4 CITY-ST-ZIP				
		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
			6.2 NAME				
·····LI ADDRESS			6.3 STREET ADDRESS		_		
· ·-ST-ZIP			6.4 C/TY-ST-Z/P				

... 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 it made under oath; that I am an officer or director of the corptration 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 charged, or on an attachment with an address, with all other like empowered.