

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 25, 1999 8:00 am
Secretary of State

02-25-1999 90019 027 ***150.00

DOCUMENT # K32027

1. Corporation Name

C. E. PICKERING INVESTMENTS, INC.

Principal Place of Business

2201 LINCOLN AVE
MIAMI FL 33133
US

Mailing Address

2201 LINCOLN AVE
MIAMI FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1988

4. FEI Number

59-1877861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 4649 PONCE DE LEON

2a. Mailing Address

26 4649 Ponce de Leon

Suite, Apt. #, etc.

22 SUITE 302

Suite, Apt. #, etc.

27 Suite 302

City & State

23 CORAL GABLES FL

City & State

28 Coral Gables

Zip Country

24 33146 25 U.S.

Zip Country

29 33146 30 U.S.

9. Name and Address of Current Registered Agent

PIMM, GORDON
2201 LINCOLN AVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

PIMM, Gordon

82 Street Address (P.O. Box Number is Not Acceptable)

2560 Tigard Ave. Apt 6

83

84 City

MIAMI FL

FL

85 Zip Code
33133

11. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAT

STREET ADDRESS PIMM, GORDON

CITY-ST-ZIP 2201 LINCOLN AVE

MIAMI FL 33133

TITLE ☐ DELETE

NAME S

STREET ADDRESS PIMM, GORDON

CITY-ST-ZIP 2201 LINCOLN AVE

MIAMI FL 33133

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2560 Tigard Ave Apt 6

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2560 Tigard Ave Apt 6

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐

Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐

Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐

Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

305 858 8615

CR2E034 (11/98)