

FILED
Apr 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K67793
 1. Corporation Name
SECURITY INVESTMENT COMPANY



Principal Place of Business 670 LEONARD SUSSMAN P.A. 4690 S.W. 72ND AVENUE MIAMI FL 33155	Mailing Address 670 LEONARD SUSSMAN P.A. 4690 S.W. 72ND AVENUE MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9901 SW 99 Street Suite, Apt. #, etc. 22		2a. Mailing Address 26 9901 SW 99 Street Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/23/1989	
23. City & State MIAMI, FLORIDA		28. City & State MIAMI, FLORIDA		4. FEI Number 65-0104617	
24. Zip Country 33176 USA		29. Zip Country 33176 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SUSSMAN, LEONARD P.A.
4690 S.W. 72ND AVENUE
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name
MARILYN SUSSMAN
82 Street Address (P.O. Box Number is Not Acceptable)
9901 SW 99 Street
83
84 City
MIAMI, FLORIDA **85 Zip Code**
FL 33176

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 *Marilyn Sussman* DATE

12. OFFICERS AND DIRECTORS

TITLE	PO <input checked="" type="checkbox"/> DELETE
NAME	SUSSMAN, LEONARD
STREET ADDRESS	4690 S.W. 72ND AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SUSSMAN, MARILYN
STREET ADDRESS	4690 S.W. 72ND AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARILYN SUSSMAN
1.3 STREET ADDRESS	9901 SW 99 Street
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33176
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIANNE SUSSMAN
2.3 STREET ADDRESS	6811 SW 80 Street
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33143
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHARI SUSSMAN
3.3 STREET ADDRESS	6811 SW 80 Street
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33143
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: **MARILYN SUSSMAN** *Marilyn Sussman* **4/1/99** (305) 662-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)