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

DOCUMENT # K70965

FLICK MORTGAGE INVESTORS, INC.

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90002 044 ***150.00



Principal Place of Business Mailing Address								
2601 SOUTH BA	YSHORE DRIVE	2601 SOUTH BAYSHORE DRIV	SOUTH BAYSHORE DRIVE					
SUITE 1225		SUITE 1225			DO NOT WRITE IN THIS SPACE			
CORAL GABLES FL 33133		CORAL GABLES FL 33133						
US		US		3. Date Incorporated or Qualifed				
					03/02/1989			<u> </u>
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		. —	olied For
21		26		59-2936881			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status D	esired 🔲	\$8.75 A		
22		27			<u></u>	Fee Re	<u>' </u>	
City & State		City & State		6. Election Campaign F	-	\$5.00		
23	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country		<i>,</i> .	8. This corporation owes the current year Intangible			
24	25	29 30	30		Personal Property Tax. Yes No			<u> </u>
	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Registered A	gent	
				81 Name				
FLICK, JEFFREY B			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
2601		"	Carolination (15. Box					
SUITE 1225			83	3		17. 2. 整整的基础分		游戏场输出
CORAL GABLES FL 33133			_	1 00		<u>, 200 (100)</u>	85 Zip (Ode 4 > 483
			84	City		. FL	183 Zip (,ode
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								
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 1.					ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		£		Change	☐ Addition
NAME	FLICK, JEFFREY B		1.2 NAME		****			
TUIN, JUITHELD			1	T ADDRESS			•	
CODAL CARLES EL COMO			1.4 CITY-					
CITY-ST-ZIP	CORAL GABLES FL 33133	☐ DELETE	2.1 TITLE	<u> </u>			Change	Addition
TITLE .	VSD		2.2 NAME					h
NAME	FLICK, SANDRA	. #400E		ET ADDRESS				
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	, #1223	1					
CITY-ST-ZIP	CORAL GABLES FL 33133	□ DELETE	2. 4 CITY-	SI-ZIP		<u> </u>	Change	☐ Addition
TITLE	,VD	□ perete	3.1 TITLE					_
NAME	RUIZ, FRANCISCO		3.2 NAME					
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	, #1225		ET ADDRESS	1.00 m = 1.0			
CITY-ST-ZIP	CORAL GABLES FL 33133	·	3.4. CfTY					Addition
TITLE	D	☐ DELETE	4.1 TITLE			the state of the s	- Change	- A Throngon
NAME	HORN, JOSEPH	•	4. 2 NAM					
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	, #122 5	4.3 STRE	ET ADDRESS		•		
CITY ST-ZIP	CORAL GABLES FL 33133		4.4 CITY-	ST-ZIP				
TITLE	D	C DELETE	5.1 TITLE				Change	☐ Addition
NAME	EICHENWALD, RICARDO		5.2 NAME	:				. 1
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE	#1225	5.3 STRE	ET ADDRESS				}
CITY-ST-ZIP	CORAL GABLES FL 33133	·, ·· ·==**	5.4 CITY-	ST-ZIP			•	
TITLE	Described to the second	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME .	FREIWALD, THOMAS E	* * 4.4 * .	6.2 NAME	:				
FILLIFFIED, INCOME			6.3 STRE	ET ADDRESS				i i
STREET ADDRESS	ZOU SOUTH DATSHORE DAING	., ¥ ICCJ	1		·		4.0	

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 postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate that I am an officer or director of the corporation or the receiver or postive and the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation or the receiver or postive appropriate the province of the corporation of the corporation or the receiver or postive ap

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

114198

Daytime Phone #

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