FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L10916** **(9)**

1. Corporation Name

NOTTINGHAM INVESTMENTS INC.

Principal Place of Business	Mailing Address
C/O ROSS MANELLA 2206 HOLLYWOOD BLVD HOLLYWOOD FL 33020	C/O ROSS MANELLA 2206 HOLLYWOOD BLVD HOLLYWOOD FL 33020

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **08/23/1989**

3a. Date of Last Report: **06/20/1995**

4. FEI Number: **98-0104610** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MANELLA, ROSS
MANELLA, KLAPHOLZ, & HOCHSTEIN PA
2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: ROSS MANELLA

82 Street Address (P.O. Box Number is Not Acceptable): 2206 HOLLYWOOD BLVD.

83: c/o ROSS H. MANELLA PA.

84 City: HOLLYWOOD **FL** 85 Zip Code: 33020

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) (Both Registered Agent Signature Required When Changing) DATE: 8/7/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BEN-BRITH, ELAZAR		12 NAME	
STREET ADDRESS	4571 COOLBROOK		13 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUEBEC CAN.		14 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BAR, YORAN		22 NAME	
STREET ADDRESS	4571 COOLBROOK		23 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUEBEC CAN.		24 CITY-ST-ZIP	
TITLE	SPD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DARWICHE, SIMANTOB		32 NAME	
STREET ADDRESS	2044 BOUL. ST. LAURENT		33 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QUEBEC CAN.		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Simantob Darwiche 8/7/96 (514)849-3940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIMANTOB DARWICHE President

CR2E034 (12/95)