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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L33181

1. Corporation	n Name						
LEWDIN INVESTMENTS, INC.					1		
					T 100 (101) MAR 11/10 11/10 (110) JULO 11/10 ALUIN		DIETH BIBLI HEEL
							A(B))
Principal Place	e of Business	Mailing Address			- I (CONTON EAR STIAL WAS URES LEIGH LANG BURN)	AND THE PERSON NAMED IN)1611 P1811 1881
2101 CORPORATE BLVD 4150 ST CATHERINE ST WEST							
9100 S. DADELAND BLVD SUITE 1707. PHI STE 400					DO NOT WEITE IN THE	C CDACE	
BOCA RATON FL 33431-7343 WESTMOUNT QU H3Z2Y					DO NOT WRITE IN THIS SPACE		
us us					3, Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address					12/01/1989 4. FEI Number	Π.	pplied For
⊢ − `	lace of Business	2a. Mailing Address			98-0107672		ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					90 0 107072		Additional
22 Suite, Apr.	#, 6tc.				5. Certificate of Status Desired	·	equired.
City & State	Α	City & State			6 Election Compaign Financing	\$5.00	May Be
23	-	28			Trust Fund Contribution	• -	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year I	ntangible	
24	25	29 H3Z 2Y5 3	Ca	nađa	Personal Property Tax.	Yes Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
81 Nam							1
M & W AGENTS, INC				32 Street Addre	ess (P.O. Box Number is Not Acceptable)		
ONE DATRAN CENTER, PHI				O Cook / Addis			
9100 SOUTH DADELAND BLVD.			[33			
MIAMI FL 33156			}	34 City		85 Zip	Code -
			ĺ		* F	L	· · ·
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the ab	ove-named corpo	oration submits this statement for the purpose of	of changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statu	es.	n's board of directors. I hereby accept the app	Julianent 45 te	,gistored
SIGNATURE	-						
CIONATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	gent signature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	ORS IN 12 ☐ Addition
TITLE	DP	DELETE	1.1 TITL	ļ		Cliange	LI Addition
NAME	DOBRIN, MELVYN A.		1.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		Change	Addition
TITLE *-	510		2.1 TITL			□ Ollange	
NAME	DOBRIN, MITZI		2.2 NAN	Į.			ſ
STREET ADDRESS				EET ADDRESS			ľ
CITY-ST-ZIP				Y-ST-ZiP =		☐ Change	Addition
TITLE	,	C) pereic	3.1 TITL	Ì			٠
NAME			3.2 NAA	į į			ļ
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CIF	Y-ST-ZIP		☐ Change	Addition
TITLE		الم محدد الم	4,1 mic	ľ			
NAME			1	EET ADDRESS			}
STREET ADDRESS							}
CITY-ST-ZIP		DELETE 5.1		F.ST-ZIP		☐ Change	Addition
NAME		<u> </u>	5.2 NAA			_ ,	_
STREET ADDRESS		•		EET ADDRESS			
CITY-ST-ZIP	}			(-ST-ZIP			\
TITLE		☐ DELETE	6.1 TITL			Change	Addition
NAME		_	6.2 NAM	ie [

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.

6.3 STREET ADDRESS .

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> BIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR MITZI DOBRIN