

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 23, 1999 8:00 am
Secretary of State

02-23-1999 90085 002 ***163.75

DOCUMENT # M34078

1. Corporation Name

FOUR M. INVESTMENT PROPERTIES, INC.



Principal Place of Business

3450 CHASE AVENUE
MIAMI BEACH FL 33140

Mailing Address

3450 CHASE AVENUE
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1986

4. FEI Number

59-2686437

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 Ocean Queen

Suite, Apt. #, etc.

22 #1

City & State

23 Hollywood Florida

Zip

24 33019

Country

25 USA

2a. Mailing Address

26 5600 N Surf Rd

Suite, Apt. #, etc.

27 #1

City & State

28 Hollywood Florida

Zip

29 33019

Country

30 USA

9. Name and Address of Current Registered Agent

MIGNOCCHI, MICHAEL
3450 CHASE AVENUE
MIAMI BCH. FL 33140

10. Name and Address of New Registered Agent

81 Name

MICHAEL MIGNOCCHI

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

5600 N SURF Rd

83

84 City

Hollywood

FL

85 Zip Code

33019

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

Michael Mignocchi

Michael Mignocchi

1/12/99

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 PD ☐ DELETE

NAME MIGNOCCHI, MICHAEL

STREET ADDRESS 3450 CHASE AVE

CITY-ST-ZIP MIAMI BEACH FL

TITLE VD ☐ DELETE

NAME MIGNOCCHI, MIRETTE

STREET ADDRESS 3450 CHASE AVE

CITY-ST-ZIP MIAMI BEACH FL

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 PD ☒ Change ☐ Addition

1.2 NAME MICHAEL Mignocchi

1.3 STREET ADDRESS 5600 NORTH SURF Rd

1.4 CITY-ST-ZIP Hollywood FL 33019

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME MIRETTE MIGNOCCHI

2.3 STREET ADDRESS 5600 North Surf Rd

2.4 CITY-ST-ZIP Hollywood Florida 33019

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0208056