FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90122 045 ***150.00

DOCUMENT # M44086

1. Corporation Name

FIRTH INVESTMENTS CORP.

Principal Place of Business	Mailing Address
1305 N.E. 23RD AVE. POMPANO BCH FL 33062	1305 N.E. 23RD AVE. POMPANO BCH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **12/30/1986**		

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2768738**	Applied For
21	**26**		Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip Country **24** **25**	Zip Country **29** **30**	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
FIRTH, MALCOLM 1305 NE 23RD AVE POMPANO BCH FL 33062	**81** Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City **FL**	**85** Zip Code

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.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	FIRTH, MOLLY		1.2 NAME			
STREET ADDRESS	1305 NE 23RD AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	FIRTH, LOUISE R.		2.2 NAME			
STREET ADDRESS	1305 NE 23RD AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	FIRTH, MALCOLM		3.2 NAME			
STREET ADDRESS	1305 NE 23RD AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	BRADY, ALANA		4.2 NAME			
STREET ADDRESS	223 BOMBAY AVENUE		4.3 STREET ADDRESS			
CITY-ST-ZIP	LAUD-BY-THE-SEA FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 REQUIRED_   4/8/99   (954) 942-2759

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