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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

305-66+2666

Daytime Prone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M67539

(0)

FIFTY-FIFTY INVESTORS, INC.

PARTICLE 25 29 30 Florida Statutes	Not Applied For Not Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees No Yes No No No No No No No N
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualif Q2/05/1988 4. FEI Number 65-0067 (28	Applied For Not Applied For St. 75 Additional Fee Required Added to Fees To provide The St. 75 Additional Fee Required St.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Application Country Zip Suite, Apt. #, etc. Sie Election Campaign Financia Trust Fund Contribution Trust Fund Contribution Reskowitz, Andrew 5733 RWERA DRIVE CORAL GABLES FL 33146 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby a agent 1 am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature Needoor press or came of recolated agent and the 1 approache. NOTE Registered Agent aignature required when rerestating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO COUNT. ADDITIONS ADD	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees For intengible tax under s. 199.032, Yes No No Registered Agent State Control of the Polymer Registered Agent PL 85 Zip Code The purpose of changing its registered appointment as registered
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees For intengible tax under s. 199.032, Yes No No Registered Agent No Page St. No No No No No No No N
City & State Country City & State Country Country Country City & State Country Country Country Country City & State Country Countr	Fee Required \$5.00 May Be Added to Fees For intengible tax under s. 199.032, Yes No Registered Agent Page Page Page Page Page
City & State City & State City & State City & State	Added to Fees or intengible tax under s. 199.032, Yes No v Registered Agent ptable) FL 85 Zip Code the purpose of changing its registered accept the appointment as registered
Zip Country Zip Country 29 30 S. This corporation has liability Florida Statutes 9. Name and Address of Current Registered Agent HERSKOWITZ, ANDREW 5733 RIMERA DRIVE CORAL GABLES FL 33146 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hybrid or prise o cannot be obtained agent and tile Lapsocable (NOTE, Registered Agent aignature required when renstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO CORAL GABLES FL THE DELETE 1.1 THE STREET ADDRESS CHY-ST-ZIP THE DELETE 2.1 THE NAME STREET ADDRESS CHY-ST-ZIP THE DELETE 2.3 TIREE ADDRESS CHY-ST-ZIP THE 2.3 STREET ADDRESS CHY-ST-ZIP CORAL GABLES FL 2.4 CITY-ST-ZIP 2.3 STREET ADDRESS CHY-ST-ZIP 2.4 CITY-ST-ZIP	y Registered Agent PL 85 Zip Code the purpose of changing its registered coept the appointment as registered
PA 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent HERSKOWITZ, ANDREW 5733 RIVERA DRIVE CORAL GABLES FL 33146 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PD	Yes No No Neglstered Agent Iptable) FL 85 Zip Code The purpose of changing its registered coept the appointment as registered
9, Name and Address of Current Registered Agent HERSKOWITZ, ANDREW 5733 RIVERA DRIVE CORAL GABLES FL 33146 81 Name 82 Street Address (P.O. Box Number is Not Acce 83 Riverant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby a agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Nated or parts a care of registered agent and tile Lapsesable. (NOTE Registered Agent signature required when reristating) 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO CONTROL 12. ADDITIONS/CHANGES TO CONTROL 12. AND STREET ADDRESS SIGNATURE PD DELETE 1.1 Title NAME HERSKOWITZ, ANDREW 5733 RIVERA DRIVE CORAL GABLES FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	PREGISTER Agent ptable) FL 85 Zip Code the purpose of changing its registered ccept the appointment as registered
The correction of the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby a agent 1 am familiar with, and accept the obligations of. Section 607 0505. Florida Statutes. SIGNATURE Signature. Natied or protect claims of recisional agent and title trapposable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS INCL. PD HERSKOWITZ, ANDREW 5733 RIVERA DRIVE CORAL GABLES FL DELETE 1.1 TITLE NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 1.2 STREET ADDRESS CORAL GABLES FL DELETE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	FL 85 Zip Code the purpose of changing its registered ccept the appointment as registered
CORAL GABLES FL 33146 83 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent it am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature Repetition Coanse of resistance dispersion of DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO COAL GABLES FL DELETE 1.1 TITLE HERSKOWITZ, ANDREW 5733 RIMERA DRIVE CORAL GABLES FL DELETE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE AMME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	FL 85 Zip Code the purpose of changing its registered ccept the appointment as registered
CORAL GABLES FL 33146 83 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby a agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Nyled or print of came of recisioned agent and title Lapsocable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO COMMERS. TITLE PD International DELETE International STREET ADDRESS CITY-ST-ZIP TITLE DELETE INTERNATE CORAL GABLES FL DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	FL 85 Zip Code the purpose of changing its registered ccept the appointment as registered
### Title PD PELETE 1.1 TITLE MAME HERSKOWITZ, ANDREW 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTy-ST-Zip DELETE 1.2 NAME 2.2 NAME 2.3 STREET ADDRESS CiTy-ST-Zip City-ST	the purpose of changing its registered ccept the appointment as registered
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hybrid or parts of care of recept agent and title 1 applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO CHANGES TO CHANGE TO CHANGE TO CHANGES TO CHANGE TO	the purpose of changing its registered ccept the appointment as registered
office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby a agent it am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, Niped or princip change of tendstored agent and tile it applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE NAME HERSKOWITZ, ANDREW 5733 RIMERA DRIVE CITY-ST-ZIP TITLE NAME DELETE 1.4 CITY-ST-ZIP TITLE NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TOTALE ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.5 CITY-ST-ZIP 2.5 CITY-ST-ZIP TOTALE 2.5 STREET ADDRESS CITY-ST-ZIP 2.6 CITY-ST-ZIP 2.7 CITY-ST-ZIP 2.8 STREET ADDRESS CITY-ST-ZIP 2.9 CITY-ST-ZIP 2.1 CITY-ST-ZIP 2.1 CITY-ST-ZIP	the purpose of changing its registered countries appointment as registered
office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby a agent if am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, Niped or price or came of redistred agent and title it applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO COUNTY. THE PROPERTY OF THE PROPERTY O	ccept the appointment as registered
Signature, typical or parts of came of heastered agent and title it appocable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO COMMENTED INTITLE NAME HERSKOWITZ, ANDREW 5733 RIVERA DRIVE 5733 RIVERA DRIVE List officers and the stage of the stage	
12. OFFICERS AND DIRECTORS TITLE PD HERSKOWITZ, ANDREW STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL TITLE NAME DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP	
DELETE	SELICIEDS AND DIDECTORS IN 12
HERSKOWITZ, ANDREW 5733 RIVIERA DRIVE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP	Change Addition
1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
1.4 CiTY-ST-ZiP	•
TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP	
STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 2.4 CHY-ST-ZIP	Change Addition
CITY-ST-ZIP 2. 4 CITY-ST-ZIP	
DELETE	·
ITLE ☐ DELETE ■ 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 41 TITLE	Change
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 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 TIFLE DELETE 6.1 TIFLE	Change Addition
The state of the s	LL CHANGE LL MODIEGE
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 65 City-S	
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Flor	alutes. I further certify that the

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR