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**

DOCUMENT # P92000011371

1. Corporation Name

O IND/COTMENTS INC

	NURTGAGE & INVESTMENT	3, INO						
Principal Place	of Rusinose	Mailing Address				iidi 11 00 1 11 00 8 21121 11		
•		21414 WEST DIXIE HIGHWAY						
21414 WEST DIXIE HIGHWAY 21414 WEST DIXIE HIGHWAY N. MIAMI BEACH FL 33180 N. MIAMI BEACH FL 33180								
T. Interest Carro					DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualifed		ļ	
					12/11/1992			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For	3
21		26			65-0378235		Applicable	Ŕ
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-5:-Certificate of Status Desired	\$8.75 A		
22		27			-			
City & State	e	City & State			6, Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	rees	
Zìp	Country	Zip	Country		8. This corporation owes the current year	r Intangible ☐ Yes	∐No I	
24	25	29 3	10		Personal Property Tax. 10. Name and Address of New Registe			
	9. Name and Address of Curren	Registered Agent	81	Name	10. Name and Address of New Registe	en Walle		
DED/	CED ANITA		"	INGILIC	<u>,</u>			
	GER, ANITA		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		٠	
21414 WEST DIXIE HIGHWAY			-		, <u>, , , , , , , , , , , , , , , , , , </u>	14. 12. 15.574	110111111111111111111111111111111111111	
N. M	IAMI BEACH FL 33180		83				(4) (4)	
			84	City		85 Zip C	ode	
					poration submits this statement for the purpos	- L		
- Affice or r	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	tions of, Section 607.0505, Florid	da Statutes		on's board of directors. I hereby accept the a			á
40								- 4
		D DIRECTORS	B 13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12	Ę
12.		D DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	AND DIRECTO Change	RS IN 12	2.4
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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 807, 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

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90001 035 ***150.00