

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90175 020 ***150.00

DOCUMENT # P93000056106

1. Corporation Name

CITY INVESTMENT, INC.



Principal Place of Business

~~2300 GLADES RD~~
~~W. TOWER #400~~
~~BOCA RATON FL 33431~~
~~US~~

Mailing Address

~~2300 GLADES RD~~
~~W. TOWER #400~~
~~BOCA RATON FL 33431~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1993

4. FEI Number

65-0473464

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 1111 Brickell Bay Dr
Suite, Apt. #, etc. 710

2a. Mailing Address

26 1111 Brickell Bay Dr
Suite, Apt. #, etc. 710

City & State

23 MIAMI FL

Zip Country

24 33131 25 U.S.

City & State

28 MIAMI FL

Zip Country

29 33131 30 U.S.

9. Name and Address of Current Registered Agent

~~SHAFFER, LEWIS R.~~
~~2300 GLADES RD~~
~~W. TOWER #400~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name Bernard Benzakic
82 Street Address (P.O. Box Number is Not Acceptable) 1111 Brickell Bay Dr
83 # 710
84 City MIAMI FL 85 Zip Code 33131

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

4/21/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME SHAFFER, LEWIS
STREET ADDRESS 2300 GLADES RD
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Bernard Benzakic
1.3 STREET ADDRESS 1111 Brickell Bay Dr # 710
1.4 CITY-STATE-ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)