Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90054 033 \*\*\*150.00

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

Mailing Address

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000072674

1. Corporation Name

CITY-ST-ZIP

14. I hereby certify that the information

Principal Place of Business

C.I.A. INVESTMENT CORPORATION

1161 HOLLAND	DRIVE Quality	1161-HOLLAND DRIVE	20	- A-			
Will willy				DO NOT WRITE IN THIS SPACE			
BOCA RATON FL 33487 BOCA RATON FL 33487 US US					3. Date Incorporated or Qualifed		
US	03			10/12/1993			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		65-0445437		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional	
		27		5. Certificate of Status Desired	Fee	Required	
City & State City & State					6. Election Campaign Financing	1	00 May Be
23		28		Trust Fund Contribution	Adde	ed to Fees	
Zip			Country	,	This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes	□No
24 25 29 30 30 9. Name and Address of Current Registered Agent			<u> </u>	10. Name and Address of New Registered Agent			
	9. Name and Address or Curren	t Registered Ageric	81	Name	10. Hante and Address of New Hogs		
SUCHER, MICHAEL							
1161 HOLLAND DR.			82	Street Addre	ess (P.O. Box Number is Not Acceptable	)	
BOCA RATON FL 33487			83	$\vdash$			
						or 7	ip Code
			84	City		FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named corp	oration submits this statement for the pur	pose of changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	nonzed by	the corporation	on's board of directors. I hereby accept the	е арролитени аз	registered
SIGNATURE						_	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: R	egistered Age	nt signature required	+	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
TITLE	DPST	☐ DELETE	1.1 TITLE			Спан	ge [] Addition
NAME	SUCHER, MICHAEL	. 1.					
STREET ADDRESS	1161 HOLLAND DRIVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	00011101101112 00 10:		1.4 CITY-S	ST-ZIP			
TITLE	DST	☐ DELETE 2:				Chang	ge Addition
NAME	SUCHER, BRIAN	BRIAN 2					
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			
TITLE	DV	☐ DELETE 3				Chan	ge
NAME	OCCITED, TITLES		3.2 NAME				
STREET ADDRESS	10200 E. BROADVIEW DRIVE		3.3 STREE	TADDRESS			
CITY-ST-ZIP	G111 10 110 011 10 010 1		3.4. CITY-	ST-ZIP			
TITLE	V	☐ DELETE 4.4				☐ Chan	ge
NAME	SUCHER, ANNA	4.					}
STREET ADDRESS	1161 HOLLAND DRIVE	<del></del>		T ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	☐ DELETE 5.		5.1 TITLE			Chan	ge
NAME			5.2 NAME				
STREET ADDRESS			1	TADDRESS			ļ
CITY-ST-ZiP			54 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chan	ge 🗌 Addition
NAME			6.2 NAME				
STREET ADDRESS		•	6.3 STREE	TADDRESS			

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information around report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an over or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE