SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000076002 (3)**

1. Corporation Name
FORECLOSURE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1900 OKEECHOBE BLVD. SUITE #C-1 WEST PALM BEACH FL 33744	3605 HOLLYWOOD BLVD. HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 10/28/1993
3a. Date of Last Report: 03/16/1995
4. FEI Number: 65-0443906 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1900 OKEECHOBEE BLVD.	26 1900 OKEECHOBEE BLVD.
Suite, Apt. # etc 22 #C-1	Suite, Apt. #, etc. 27 #C-1
City & State 23 W.P.B., FL.	City & State 28 W.P.B., FL.
Zip / Country 24 33409 / 25 Palm Beach	Zip / Country 29 33409 / 30 Palm Beach

9. Name and Address of Current Registered Agent
FLEISCHER, KEITH O
2610 NW 94 WAY
SUNRISE FL 33021

10. Name and Address of New Registered Agent
81 Name: Keith Fleischer
82 Street Address (P.O. Box Number is Not Acceptable): 20924 SPRINGS TERRACE
83
84 City: BOCA RATON FL 85 Zip Code: 33428

11. Pursuant to the provisions of Section(s) 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 this 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: Keith O [illegible] 6/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when mailed in.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVPS	☒ DELETE	11 TITLE	PVPS	☒ Change ☐ Addition
NAME	FLEISCHER, KEITH O		12 NAME	KEITH FLEISCHER	
STREET ADDRESS	2610 NW 94 WAY		13 STREET ADDRESS	20924 SPRINGS TERRACE	
CITY-ST-ZIP	SUNRISE FL 33021		14 CITY-ST-ZIP	BOCA RATON, FL. 33428	
TITLE	T	☒ DELETE	21 TITLE	T	☒ Change ☐ Addition
NAME	FLEISCHER, KEITH O		22 NAME	KEITH FLEISCHER	
STREET ADDRESS	2610 NW 94 WAY		23 STREET ADDRESS	20924 SPRINGS TERRACE	
CITY-ST-ZIP	SUNRISE FL 33021		24 CITY-ST-ZIP	BOCA RATON, FL. 33428	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith O [illegible] 6/10/96 516-689-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #