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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000007402**

1. Corporation Name
404 INVESTCORP, INC.



Principal Place of Business
**ONE S. POINTE DR.
 MIAMI BEACH FL 33139**

Mailing Address
**ONE S. POINTE DR.
 MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1994

2. Principal Place of Business	2a. Mailing Address
21 404 WASHINGTON AVE.	26 404 WASHINGTON AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 120	27 120
City & State	City & State
23 MIAMI BEACH, FL	28 MIAMI BEACH, FL
Zip Country	Zip Country
24 33139 25 DADE	29 33139 30 DADE

4. FEI Number
65-0400943

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

9. Name and Address of Current Registered Agent
~~THREATT, ROBERT R
 ONE S. POINTE DR.
 MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent

81 Name **BRIAN A. HART**
THOMSON, MURARO RAZOOK & HART, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
ONE SOUTHEAST THIRD AVENUE

83 **17TH FLOOR**

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 *B.A. Hart* **BRIAN A. HART** **4/29/99** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRAMER, THOMAS	
STREET ADDRESS	ONE S. POINTE DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HANAU, H.	
STREET ADDRESS	ONE S. POINTE DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	NEE, M	
STREET ADDRESS	ONE S. POINTE DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	THREATT, ROBERT R	
STREET ADDRESS	ONE SOUTH POINTE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COLONNESE, CATHERINE F	
STREET ADDRESS	ONE SOUTH POINTE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	404 WASHINGTON AVENUE
1.3 STREET ADDRESS	SUITE 120
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	404 WASHINGTON AVENUE
3.3 STREET ADDRESS	SUITE 120
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	404 WASHINGTON AVE.
5.3 STREET ADDRESS	SUITE 120
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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: *CATHERINE F. COLONNESE* **CATHERINE F. COLONNESE** **4/29/99** DATE

Signature and typed or printed name of signing officer or director

CR2E034 (1/198)