

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90023 045 \*\*\*150.00

DOCUMENT # P94000018201

1. Corporation Name 3153 INVESTMENTS, INC.



Principal Place of Business 1826 EAST SUNRISE BLVD FORT LAUDERDALE FL 33304 Mailing Address 1826 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/03/1994	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	
				65-0497518	
22 City & State		27 City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANZBLAU, MARK 619 KENSINGTON PLACE FT LAUDERDALE FL 33308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANZBLAU, MARK			1:2 NAME			
STREET ADDRESS	619 KENSINGTON PLACE			1:3 STREET ADDRESS			
CITY-ST-ZIP	WILTON MANORS FL 33305			1:4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANZBLAU, KARIN			2:2 NAME			
STREET ADDRESS	4900 N. OCEAN BLVD.			2:3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33308			2:4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHIMANI, SHAUKET A			3:2 NAME			
STREET ADDRESS	9741 N.W. 11TH ST.			3:3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			3:4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHIMANI, SAIRA			4:2 NAME			
STREET ADDRESS	9741 N.W. 11TH ST.			4:3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33322			4:4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5:2 NAME			
STREET ADDRESS				5:3 STREET ADDRESS			
CITY-ST-ZIP				5:4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6:2 NAME			
STREET ADDRESS				6:3 STREET ADDRESS			
CITY-ST-ZIP				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: M. Franzblau, Inc. (PRESIDENT) MARCH 15<sup>th</sup> 1999 954-489-1285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)