

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000063754 (3)**

1. Corporation Name

**NOTOWITZ INVESTMENTS INC.**



Principal Place of Business

Mailing Address

16855 N.E. 2ND AVE.  
SUITE 302-B  
NORTH MIAMI BEACH FL 33162

16855 N.E. 2ND AVE.  
SUITE 302-B  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

2a. Mailing Address

21. Street, Apt. #, etc.

26. Street, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. County

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**SCOTT NOTOWITZ  
20123 NE 19 PLACE  
N MIAMI BCH FL 33179**

3. Date Incorporated or Qualified <b>08/29/1994</b>	3a. Date of Last Report <b>02/01/1995</b>
4. FEI Number <b>65-0516992</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(2) and 607.1905, 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 Sections 607.05(2), Florida Statutes.

SIGNATURE

Name, Title, and Address of Current Registered Agent

Name, Title, and Address of New Registered Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
12.1 NAME	<b>D NOTOWITZ, SCOTT S</b>	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	<b>16855 N.E. 2ND AVE., STE. 302-B</b>	13.2 NAME	
12.3 CITY, STATE, ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	13.3 STREET ADDRESS	
12.4 TITLE	<input type="checkbox"/> DELETE	13.4 CITY, STATE, ZIP	
12.5 NAME	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.6 STREET ADDRESS	<input type="checkbox"/> DELETE	13.6 NAME	
12.7 CITY, STATE, ZIP	<input type="checkbox"/> DELETE	13.7 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	13.8 CITY, STATE, ZIP	
12.9 NAME	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS	<input type="checkbox"/> DELETE	13.10 NAME	
12.11 CITY, STATE, ZIP	<input type="checkbox"/> DELETE	13.11 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	13.12 CITY, STATE, ZIP	
12.13 NAME	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS	<input type="checkbox"/> DELETE	13.14 NAME	
12.15 CITY, STATE, ZIP	<input type="checkbox"/> DELETE	13.15 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	13.16 CITY, STATE, ZIP	
12.17 NAME	<input type="checkbox"/> DELETE	13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS	<input type="checkbox"/> DELETE	13.18 NAME	
12.19 CITY, STATE, ZIP	<input type="checkbox"/> DELETE	13.19 STREET ADDRESS	
12.20 TITLE	<input type="checkbox"/> DELETE	13.20 CITY, STATE, ZIP	

**Vice-President  
Scott NOTOWITZ  
20123 NE 19 Place  
N. MIAMI BEACH, FL. 33179**

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 the various report or supplemental annual reports is true and accurate and that my signature shall have the same legal effect as if made under oath, but 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.

SIGNATURE: *Scott Notowitz* **SCOTT NOTOWITZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 305-653-7777  
Date Time/Phone #

CR2E034 (12/95)