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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063754 (3)

NOTOW	ITZ INVESTMENTS INC.								
Principal Place	e of Business	Mailing Address				- I LOOKIRAN KIR KOKIX BIRAN DONKI OOKIN OOKIN OOKIN		(1814 BARA HOBO
16855 N.E. 2ND	16855 N.E. 2ND AVE.								
SUITE 302-B NORTH MIAMI BEACH FL 33162		SUITE 302-B	SUITE 302-B NORTH MIAMI BEACH FL 33162-1744			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
NORTH MIAMI	DEACH LE 20105	MONTH MIAMI DENON FE	30102111	-		3. Date Incorporated or Qualified	3a. Da	te of Last	Report
					:	08/29/1994		3/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21	***************************************	26				65-0516992			Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State	o	City & State		- -					Required
23	Ç	28				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Z(p)	Country	Zip	Cou	intry		8. This corporation has liability for i			
24	25	29	30			Florida Statutes	Yes [] No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered A	gent	
SCO)TT NOTOWITZ			81	Name				
20123 NE 19 PLACE				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
N M	IIAMI BCH FL 33179					· · · · · · · · · · · · · · · · · · ·			
				63					
				84	City			85 Zip	p Code
44 0	A. A	60 - J 607 45 00 F1-1J- PA-1					<u>FL</u>		
office or r agent. Fa	no the provisions of secur, is 607 or registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida, Such change was yations of Section 607.0505, F	authorize Iorida Stat	d by tutes	the corporati	oration submits this statement for the p on's board of directors. I hereby accep	it the appo	onanging ointment a	is registered
SIGNATURE	Signature Typed or perheamance of registeria, in	non the discrete day to the	I. Bon Steres	d Age	W sidna; irs requir	ad when reinstating)	DATE		
12.		ND D RECTORS	13.	- igo	K digita ore require	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
T'TLE	D	DELETE	1111	TLE.		•		Change	
NAME	NOTOWITZ, SCOTT S		1.2 NA	AME.					
STREET ADDRESS	16855 N.E. 2ND AVE., STE. 3		1.3 ST	HEET	address				
CITY - ST - ZIF	NORTH MIAMI BEACH FL 33	* * * * * * * * * * * * * * * * * * *	1.4 CI	TY-S	1-7IP				
THLE	• • • • • • • • • • • • • • • • • • • •		2.1 If	2.1 IITLE				Change	Addition
NAME	NOTOWITZ, SHARI		22 NJ	2.2 NAME					
STREET ADDRESS	20123 NE 19TH PL.		23\$1	REET	ADDRESS			امصا	74
CITY - ST - ZIP	NORTH MIAMI BEACH FL	10000	2 4 0		1-2IP			331	<u> </u>
TITLE		DETER.	3 1 TF					Change	Addition
NAME OTHER LAGRESTIC			32 N/		*000000				
STREET ADDRESS			1		ADDRESS				i
CITY - ST - 7IP TITLE		DELETE	3 4. C		1-212			Change	e Addition
NAME			4. 2 N						<u> </u>
STREET ADDRESS	i				ADDRESS				
CITY (\$1 - 7)			4.4 CI		ì				
TITLE		DELETE	5.1 TI					Change	Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5 3 S1	REET	ADDRESS				:
CRTY+S1-ZiP			5 4 CI	TY-S	T- ZIP				
TITLE		DELETE	6.1][TLE				Change	Addition
NAME			6.2 N	AME	1				
STREET ADDRESS			6.3 \$1	REET	ADDRESS				
	İ		B						

14. If do hereby certify that the information supplied with this faing 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 composition 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. I changed, or on an attachment with an address.

SIGNATURE:

SHOTH SCOTT NOTOWITZ

FILED

Jan 14 1997 8:00am

Secretary of State