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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074003

1. Corporation Name

ESTEE I	NVESTMENTS, INC		•				 				
Principal Place	e of Business	М	ailing Address	·					III BUILI BULII I	FEII AIEII ADI	
1605 S.W. 15TH TERRACE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312								DO NOT WIRE	TE IN THIS	CDACE	
							}	DO NOT WRI 3. Date Incorporated or Qualifed	IE IN I IIIS	SPACE_	
	•							10/03/1994			1
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number	-	1 4	pplied For
21		26						65-0535543			lot Applicable
Suite, Apt.	#, etc.	07	Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional Required
22		27	'City'& State		ę.			6. Election Campaign Financing) May Be
City`&`State	e e		Oily a State					Trust Fund Contribution			to Fees
Zip	Country	28	Zip	Cou	ntry			This corporation owes the curr	ont year Int		
		29	·	30				Personal Property Tax.	ent year nit	Yes	□No
24	9. Name and Address of Curre			30	Т			10. Name and Address of New I	Registered	Agent	
	9. Name and Address of Com	ant Kegis	stelen Affaut		81	Name	-	10		. 4	
TAM	BURO, SAMUEL J III										
1605 SW 15 TERRACE					82	Street Address (P.O. Box Number is Not Acceptable)					
800 CORPORATE DR., SUITE 510					83	19					
FT. LAUDERDALE FL 33312					03						
					84	City	FL 85			85 Zig	Code
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Floring ations of	da, Such change was at A. Section 607.0505, Flor If applicable. (NOTE:	ida Stat	utes.	tne corpoi	ration	nen reinstating)	DATE	- India as i	
12.	OFFICERS A	ND DIRE		13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	
TITLE	D		☐ DELETË	1.1 TI						Change	. Madition
NAME	TAMBURO, SAMUEL J.III			1.2 N/	ME						l
STREET ADDRESS	1605 S.W. 15TH TERRACE			1.3 S	REET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33312			_	TY-SI	-ZIP					T A LUW 1
TITLE	☐ DELETE			2.1 TI	2.1 TITLE					☐ Change	Addition
NAME				2.2 N	AME						
STREET ADDRESS				2.3 S	REET	ADDRESS					
CITY-ST-ZIP	. <u></u>			2.4 C	sty-s	T-ZIP		<u> </u>			
TITLE	☐ DELETE			3.1 TI	3.1 TITLE					☐ Change	Addition
NAME	•			3.2 N	AME						,
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	_			3.4. C	ΠY-S	T-ZIP					
TITLE			☐ DELETE	4.1 Ti	TLE					☐ Change	Addition
NAME				4.21	IAME						
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				4.4 C	TY-S	T-ZIP				··-	
TITLE			☐ DELETE	5.1 TI	TLE					☐ Change	Addition
NAME				5.2 N	AME						i

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/15/93

(954)584-6363

☐ Change

☐ Addition

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90017 018 ***150.00

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