## 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

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90062 005 \*\*\*150.00

i. Corporation	MENT # <b>P95000</b> EALTY INVESTMENTS, INC				
o a o in	EALT HAVEOTHICIATO, INC.	•			
Principal Place	e of Business	Mailing Address			<b>10</b> 110 11010 17011 01010 18112 1011 1001
2611 N. HIATUS	•	2611 N. HIATUS RD.			•
SUITE 160	3 HD.	SUITE 160			
COOOPER CITY	r FL 33026	COOOPER CITY FL 33026		DO NOT WRITE IN	THIS SPACE
US		US		3. Date Incorporated or Qualifed	
	·			03/20/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<u></u>	65-0569244	Not Applicable
	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State	<del></del>		
City & State	<b>e</b> ,	— ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year.	
<del></del>	25	29 30	¬ '	Personal Property Tax.	YZ Yes No
24	9. Name and Address of Currer		<u>,                                     </u>	10. Name and Address of New Registe	
			81 Name	C ~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	~On
BEN	JAMIN, HAROLD L CPA		81 Name 82 Street Add	Iress (P.O. Box Number is Not Acceptable)	CFH
	B PEMBROKE ROAD		Street Add	A PINES BLYN-	SU178 212
MIRA	AMAR FL 33023		83	CAL THUES DE TO	
					t los li Zin Codo
	•		84 City A	MBREDKE PINES	FL 85 3302 V
44 Durament	to the provisions of Section 607 050	22 and 607 1508 Florida Statutos	the shove-named cor	poration cultraits this statement for the purpo	se of changing its registered
ii. Pursuani	TO THE DIDVISIONS OF SECURITS OF THE	JZ and 607.1506, Flunda Statutes,	, alle above hance our	botation admitts this statement for the botho-	sc of changing its registered
office or r	registered agent, or both, in the State	of Florida, Such change was authorising of Section 607:0505. Florida	norized by the corporat	poration submits this statement for the purpo- ion's board of directors. I hereby accept the a	appointment as registered
agent. I a	registered event, or both, in the State im amiliar vith, and accept the obliga	of Florida, Such change was authations of Section 607.0505, Florida	norized by the corporate a Statutes	ion's board of directors. I hereby accept the a	appointment as registered
office or r agent. I a SIGNATURE	egistered adent, or both, in the State im samilist with, and accept the obligation of the state of the obligation of the obliga	ations of Section 607.0505, Fight	norized by the corporate a Statutes Statutes Statutes Spant Signature requires	CPA Y	29/99
agent. I a	im familiativith, and accept the coulga Signarificallyped or printed name of registered age OFFICERS AM	intend title if applicable. (NOTE: Re	gistered Agent signature required 13.	CPA 41	29/99 E S AND DIRECTORS IN 12
agent. I a SIGNATURE	Signar free hyped or printed name of registered age OFFICERS AN	ations of Section 607.0505, Fig. 10.000, injuried title if applicable. (NOTE: Re	a Statutes  MUU  sgistered Agent signature require	CPA Y	29/99
agent. I a SIGNATURE	Signaplies typed or printed name of registered age OFFICERS AN P VILLAFANA, GEORGE	intend title if applicable. (NOTE: Re	gistered Agent signature required 13.	CPA Y	29/99 E S AND DIRECTORS IN 12
agent. I a SIGNATURE  12. TITLE	Signaplies typed or printed name of registered age OFFICERS AN P VILLAFANA, GEORGE 2611 N. HIATUS RD.	intend title if applicable. (NOTE: Re	gistered Agent signature required 13.	CPA Y	29/99 E S AND DIRECTORS IN 12
agent. I a SIGNATURE  12.  TITLE NAME	Signafic typed or printed name of registered age OFFICERS AN P VILLAFANA, GEORGE 2611 N. HIATUS RD. COOPER CITY FL 33026	injund title if applicable. (NOTE: Re	ngistered Agent signature required 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	CPA Y	ES AND DIRECTORS IN 12  Change Addition
agent. Ta SIGNATURE  12. TITLE NAME STREET ADDRESS	Signafic typed or printed name of registered age OFFICERS AN P VILLAFANA, GEORGE 2611 N. HIATUS RD. COOPER CITY FL 33026 V	intend title if applicable. (NOTE: Re	ngistered Agent signature required 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	CPA Y	29/99 E S AND DIRECTORS IN 12
agent. Ta SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signafic typed or printed name of registered age OFFICERS AN P VILLAFANA, GEORGE 2611 N. HIATUS RD. COOPER CITY FL 33026 V LEWIN, HARLEY	injund title if applicable. (NOTE: Re	ngistered Agent signature required 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	CPA Y	ES AND DIRECTORS IN 12  Change Addition
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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 supplied ental 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 of 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 orlanged, press an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TURE REQUIRED