FILED

Secretary of State

03-17-1999 90146 028 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

07/13/1995 4. FEI Number

65-0598861

Mar 17, 1999 8:00 am

## 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 # P95000053946

1. Corporation Name

City & State

23

24

Zip

SITUS INVESTMENTS, INC.

6981 TAFT STREET HOLLYWOOD FL 33024

28

Zip

City & State

29 30 9. Name and Address of Current Registered Agent ORTEGA, JOHN R

Country

	10. Name and Address of New Regis
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)

84

Country

85 Zip Code

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. VICE PRESIDENT / SECRUTARY Change ☐ DELETE 1.1 TITLE TITLE PTD STEVEN J. SHIN ORTEGA, JOHN R 1.2 NAME NAME 6981 TAFT STREET **6981 TAFT STREET** 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change VICE PASSIONIE DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C/TY-ST-ZIP CITY-ST-ZIF Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C/TY-ST-ZIP ☐ Change ☐ Addition □ DELETE 6.1 TTLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY+ST-ZIP 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 ress) with all other like empowered

SIGNATURE:

CR2E034 (11/98)