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 # **P95000064252**1. Corporation Name

SHOCHAT PROPERTIES INVESTMENT CORP.

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

05-01-1999 90045 004 ***150.00



Principal Place of Business Mailing Address						T EMBELOMBS SER SOFTEN MESTS MOTES MOTES ONESS ONES		
2285 N.E. 172ND STREET NORTH MIAMI BEACH FL 33160 2285 N.E. 172ND STREET NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 3			160			DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed 08/18/1995		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0604154		Not Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	75 Additional
22		27	-			5. Certificate of Status Desired	Fee	e Required
City & State	ty & State City & State					6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year I		
24	25	29	0			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	-
	DIN EMAN D FOO		8	31	Name			
MARBIN, EVAN R ESQ. 48 E. FLAGLER STREET			1	32	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	THOUSE 104 AI FL 33131		٤	83				
MIAN	11 FL 33131		8	84	City	F	85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorities.					named corpor	ation submits this statement for the number	of changin	g its registered
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligation	r Florida. Such change was aut ons of, Section 607.0505, Florid	nonzed t Ja Statut	es.	ne corporation	is board or directors. Theraby accept the app	Omitiment a	is registered
SIGNATURE								
	Signature, typed or printed name of registered agent			gent :	signature required v		AND DIDE	CTOPS IN 12
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITL				L Orial	inge 1 radioon
NAME	SHOCHAT, ISIDORE		1.2 NAM					
STREET ADDRESS	2285 N.E. 172ND STREET	•			ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	DELETE	1.4 CITY 2.1 TITL		ZIP		☐ Chai	nge
TITLE	D CHOCHAT BARRY	↑ DEFEIE						ingo 🗀 / tau inc.
NAME	SHOCHAT, BARRY		2.2 NAM	_				
STREET ADDRESS	2285 N.E. 172ND STREET	•			DDRESS	•		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	DELETE	2.4 CITS 3.1 TITL		· <u>ZIP</u>	· · · · · · · · · · · · · · · · · · ·	Chai	nge Addition
TITLE			3.7 HILE		,			
NAME			4		NDDRESS	•		\
STREET ADDRESS	• •		3.4. CIT					
CITY-ST-ZIP TITLE			4.1 TITL	_	-217		☐ Cha	nge 🔲 Addition
NAME			4. 2 NA				_	· –
					ADDRESS			
STREET ADDRESS			4.4 CITY		I			
Crty-St-Zip		☐ DELETE	5.1 TTL				☐ Cha	nge Addition
NAME		_	5.2 NAM			,	. —	
STREET ADDRESS			5.3 STR	EETA	ADDRESS			
CITY-ST-ZIP	•		5.4 CITY					
TITLE		☐ DELETE	6.1 TITL				☐ Chai	nge Addition
NAME	•	<u> </u>	6.2 NAM	E				
STREET ADDRESS			6.3 STR	EET A	NODRESS			}
CITY-ST-ZIP	•		6.4 CITY			•		
(UST I TO I TAIL I			-					

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: