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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

2.41.97

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080020 (7)

E.J.S. INVESTMENT COMPANY

Principal Place of Business Mailing Address 41 ARVIDA PARKWAY 41 ARVIDA PARKWAY CORAL GABLES FL 33156 CORAL GABLES FL 33156-2310 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1995 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0615793 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State: City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes 【 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHWARTZ, ERIC J 81 Name 41 ARVIDA PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33156 83 84 City Zip Code 11. Pursuant to the provisons 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE agnuture it politic printed name of registror discontrated title if application (NOTC Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THLE DELETE Change Addition 1.1 TITLE SCHWARTZ, ERIC NAVE 1.2 NAME 41 ARVIDA PARKWAY STREET ADDRESS. 1.3 STREET ADDRESS **CORAL GABLES FL** CHY-ST-ZIP 1.4 CITY - \$T - ZIP THE DELETE 2.1 TITLE Change Addition NAMI 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY - \$1 - 26 2.4 City-St-7P DELETE THE 3.1 TOLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-78 3.4. CITY-ST-ZIP DELETE HILE 4.1 TITLE \_\_\_ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZiP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition MAME 5.2 NAME STREET ACIDRESS 5.3 STREET ADDRESS CITY - ST - ZiP 5.4 CITY-ST-ZIP DE: F DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ACOURESS 6.3 STREET ADDRESS CITY ST-ZIP 6.4 CITY-ST-ZIP the does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that er or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this information indicated on this annual re-