Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90043 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042364

1. Corporation Name

M&IIN	VESTMENTS, INC.				
Deinoinal Place	of Rucinoss	Mailing Address		<u></u>	3 3 3
Principal Place of Business 7910 NORTH ARMENIA AVENUE. UNIT B TAMPA FL 33604 TAMPA FL 33604 Mailing Address 7910 NORTH ARMENIA AVENUE TAMPA FL 33604			iue. Unit B	DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualifed	
				05/17/1996	
		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3378120	Not Applicable
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zíp	Country		Country	8. This corporation owes the current year in	
24	25	29 30	¬ ′	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curren			10. Name and Address of New Registered	i Agent
81 Name M.				nichael Bernst	<u> </u>
BERNSTEIN, MICHAEL 82 Street			82 Street Add	dress (P.O. Box Number is Not Acceptable)	0 (
5207 WILCOX RD.				207 Lake Hobbs	<u>rd</u>
TAMPA FL 33624			83		
			84 City	LUTZ FI	L 85 Zip Code 33549
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					
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth tions of. Section 607.0505, Florid	horized by the corporation that the corporation is the corporation of the corporation in the corporation is a corporation of the corporation is a corporation of the	tion's board of directors. I hereby accept the appo	as registered
SIGNATURE	, , , , , , , , , , , , , , , , , , ,				_
	Signature, typed or printed name of registered ager		egistered Agent signature requi		ND DIDECTORS IN 12
12.		D DIRECTORS	13.	Bernstein, Michael	
TITLE	PERMITTIN MICHAEL	- OEEEIE	1.2 NAME	Delinstern, intende	
NAME	BERNSTEIN, MICHAEL 5207 WILCOX RD.		1.3 STREET ADDRESS	207 Lake Hobbs A	.OC
STREET ADDRESS	TAMPA FL 33624		1.4 CITY-ST-ZIP	LUTZ, FL 3354	9
TITLE	VP	☐ DELETE	2.1 TITLE -		Change - Addition
NAME	BERNSTEIN, ISIDORE		22 NAME	•	
STREET ADDRESS	15314 INDIAN HEAD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	-	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T perere	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME			J.Z INPANIE	1 *	

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 of powered 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 CETY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition