May 03, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087591

1. Corporation Name

STORK INVESTMENTS, INC.

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Principal Place	of Business	Mailing Address			(INDIINE INDIINE	i Bashi Garri Aakii Aarin	ratit t abl i dicia i	Kiki itat tabi
2505 N.E. 15 AV	•	P.O. BOX 39474						
WILTON MANORS FL 33334 FORT LAUDERDALE FL 33		39		DO NO	T WORTS IN THIS	OBACE		
US US					3. Date Incorporated or Qu	T WRITE IN THIS	SPACE	
	•				10/23/1996	ualleu		Į
2. Principal Place of Business 2		2a. Mailing Address	2a Mailing Address		4. FEI Number		App	lied For
 , · -		26			'`		Applicable	
_ · ·		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Des	sired	\$8.75 A	
22	· ·	27					Fee Red	
 City & State 	,	City & State	, <u></u>		6. Election Campaign Fina	. 11	\$5.00	* 1
23	· · · · · · · · · · · · · · · · · · ·	28	Country		Trust Fund Contribution		Added to	Fees
Zip	Country 25	Zip 29	30		 This corporation owes t Personal Property Tax. 	•		⊐No I
24	9. Name and Address of Current		301		10. Name and Address of			
			81 N	Name	· · · · · · · · · · · · · · · · · · ·			
	ray, david G ESQ.		82 S	Street Addres	ss (P.O. Box Number is Not	Acceptable)		
	SOUTHEAST 15TH AVE.			JH 000 1 1001	33 (1 10. 00x 110			
FOH	T LAUDERDALE FL 33301		83					į
			84 C	City			85 Zip C	ode .
				•		FL	-	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Florida. Such change was aut	ithonzea by the	amed corpor corporation	ration submits this statement i's board of directors. I hereb	for the purpose or y accept the appo	intment as reg	istered
SIGNATURE	·				<u> </u>			{
Signature, typed or printed name of registered agent and title if applicable. (NOTE:					DATE		—— l	
TITLE	OFFICERS AND			gnature required v	when reinstating)	TO OFFICERS A	ND DIRECTOR	RS IN 12
'''	OFFICERS AND		13.	gnature required v	when reinstating) ADDITIONS/CHANGES		ND DIRECTOR	RS IN 12
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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 expowered. James S

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS