FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000019849 (3) DOCUMENT #

1. Corporation Name

POTAMKIN INVESTMENTS, INC.

FILED May 06 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | (400)/1897 (10)9/1/ 100/ 90/1/ 90/1/ 90/1/ 90/1/ 90/1/ 10/4/ 19/4/ 19/4/ 10/4/ 10/4/ 90/4/ | |
|---|---|-----------------------------------|-----------------|----------|--|--|
| 4675 SW 74TH ST MIAMI FL 33143 | | 4675 SW 74TH ST MIAMI FL 33143 | | | | |
| MINNI IL VVI | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified |
| 6 Orlanical D | loca of Business | 2a. Mailing Address | Mailing Address | | | 02/27/1997 4. FEI Number Applied For |
| 2. Principal Place of Business | | 26 | | | | 65-0737/93 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | 4 | | | SS 75 Additional |
| 22 | | 27 | | | | 6. Certificate of Status Desired Fee Required |
| City & Stat | 6 | City & State | | | Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution |
| Zip | Country | Z ip | — | intry | | 8. This corporation owes or has paid the current year intangible |
| 24] | 25 9. Name and Address of Curre | 29 | 30] | Γ | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| D() | | III Hagisteleo Ageitt | | 81 | Name | ID, Hallie and Address of Nor riogistored Agent |
| POTAMKIN, ALAN H 4675 S W 74TH ST | | | | | <u> </u> | |
| | AMI FL 33143 | | | 82 | Street Add | iress (P.O. Box Number is Not Acceptable) |
| ***** | | | | 83 | | |
| | | | | 84 | City | 85 Zip Code |
| | | | | | - | FL ' |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the oblig | e of Florida. Such change was | authorize | d by | the corpora | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | | | |
| | Signature, typed or printed name of registered as | | | d Ager | nt signature requi | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | DITICERS AF | ND DIRECTORS DELETE | 13. | | | Change Addition |
| NAME | POTAMKIN, ROBERT | | | 1.2 NAME | | |
| STREET ADDRESS | 4675 SW 74TH ST | | | | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33143 | 43 1.4 CITY | | | | |
| TITLE | D | DELETE | DELETE 2.1 THTL | | | Change Addition |
| NAME | POTAMKIN, ALAN H | 2.2 | | 2.2 NAME | | |
| STREET ADDRESS | 4675 SW 74TH ST | | 2.3 STREET AD | | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33143 | | 2.40 | ITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TF | | | Change Addition |
| NAME | | | 3.2 N | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | DELETE | 3.4. C | ITY-S | T- ZIP | Change Addition |
| TITLE Name | | DETECTE | 4.2 % | | | C. O. |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | TY-\$1 | | |
| TITLE | | DELETE | 5.1 TI | | | Change Addition |
| NAME | | • | 5.2 N | AME | - | |
| STREET ADDRESS | | | 5.3 \$1 | TREET . | ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CI | ITY - ST | - ZIP | |
| TITLE | | DELETE | 6.1 10 | TLE | | Change Addition |
| NAME | | | 6.2 N | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | pertify that the information supplied | with this filing does not qualify | | TY-\$1 | | Section 119.07(3)(i), Florida Statutes. I further certify that the information |
| | | | | | | |

indicated on this annual report or supplies may keep not quality or the exemption stated in declared in the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 or a attaction with un address.