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

Mailing Address

MIAMI FL 33176

10201 SW 133 STREET

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

Principal Place of Business

10201 SW 133 STREET

MIAMI FL 33176

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

305-252-8/68

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042997 (1)

NEWKIRK INVESTMENTS, INC.

3. Date Incorporated or Qualified 05/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-075472 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 囟 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WITTKIN, CHESTER 10201 SW 133 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** ₿3 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Ftorida 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE C/P/D TITLE 1.1 TITLE X-Change PD CHESTER WITTKIN WITTKIN, CHESTER NAME 1.2 NAME 10801 S.W. 133 ST. 10201 SW 133 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** 33176 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE TERRY WITTKIN 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 5W 133 St. CITY-ST-ZIP 2. 4 CITY - ST- 7IP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME 543 PALM DR. STREET ADDRESS 3.3 STREET ADDRESS HALLANDALE, FL 33009 3.4. CITY - ST - ZIP CITY - ST - ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. Thereby 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.

SIGNATURE:

\*\*SIGNATURE\*\*

CHESTER WITTKIN