Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90026 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

i. Corporatio	MENT # P970000 ON NAME OPERTY INVESTMENTS, INC				
Principal Plac	ce of Business	Mailing Address		1 (CO)(CO) 100 (CO)(C) CO)(C) CO)(C) C)(C) C)(C) C)(C) C)(C) C)(C) C)(C) C)(C)(C) C)(C)(C) C)(C)(C)(C) C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C	.000 1110 11001 1011 0011 1001
1608 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				09/24/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0782909	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Otalus Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 7in	Country	Trust Fund Contribution	Added to Fees
 1 '	Country	Zip	Country	8. This corporation owes the current year Inta	angible □Yes □No
24	9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New Registered A	
	3. Name and Address of Current	Negistered Agent	81 Name	IV. Haine and Address of New Registered A	- tgent
GERSON, GARY N				· · · · · · · · · · · · · · · · · · ·	* ,
1645 PALM BEACH LAKES BLVD			82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 1200			83	· · · · · · · · · · · · · · · · · · ·	
WEST PALM BEACH FL 33401					
			84 City	FL.	85 Zip Code
office or r	registered agent, or both, in the State o am familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida. Such change was aut ons of, Section 607.0505, Florid	horized by the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	tment as registered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIMUM, CLEMENT C		1.2 NAME		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	· .	☐ Change ☐ Addition
NAME	MIMOUN, ALDO R		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	• •	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2. 4 CITY-ST-ZIP		· •
TITLE	D	☐ DELETE	3.1 TITLE	,	☐ Change ☐ Addition
NAME	EPSTEIN, LEONARD G		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MIMOUN, ALDO R		4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS	,	
CITY-ST-ZIP	SANTA MONICA CA 90403	El acter	4.4 CITY-ST-ZIP		Chance Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME			5.3 STREET ADDRESS	-	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CHY-S1-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		C DELETE	6.2 NAME		□ sugge □ vocitoit
OTHER ADDRESS			62 STREET ADDRESS		

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 trusted 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 a retach then twith an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:-