PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

May 19, 1999 8:00 am Secretary of State 05-19-1999 90001 009 ***750.00 Katherine Harris

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DOCUMENT #	P97000084322

	MENT # P9700(<i>)</i> 084322								
T. Corporation	ESTMENTS, INC.									
DIVIS INV	ESTMENTS, INC.									
Principal Place	e of Business	Mailing Address				7	4 FANTINDO TITA SATIT ERATI PASES RAT	i Albiyi Aftida al	REAR MANAGEMENT SECTION	A EL BARA ANDA ANDAR
•	; Iniversity drive	4691 NORTH UNIVERSITY	DRIVE							
SUITE 433		SUITE 433								
CORAL SPRING	S FL 33067	CORAL SPRINGS FL 3306	7			H	DO NOT WRIT	E IN THIS	SPACE	
		<u></u>		· · · · · · · · · · · · · · · · · · ·	-1	"	09/26/1997).	
2. Ancipal S	Tace of Business ON UNIVERSITY	1630°W	Univ	ERS	$d\lambda$	Se*	APPLIED FOR 59-16	5324	4 N	pplied For ot Applicable
Seite, Apt.	#, etc.	Suite, Apt. #, etc.			/	5.	Certificate of Status Desired		•	Additional equired
City & State	e	City & State		·		6.	Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Con	ntry		8.	This corporation owes the curre			Clu-
24	25	29	30			_	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	int Registered Agent		81 Name		10.	Name and Address of New R	egistered A	ហិមបវ	
RFN	JAMIN, HAROLD									
_	PEMBROKE RD.			82 Stree	t Addre	ess (l	P.O. Box Number is Not Acceptal	ole)		
	MAR FL 33023			83						
				84 City				FL	85 Zip	Code
44 Pursuant t	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	tes, the at	bove-name	d corpo	oratio	n submits this statement for the p	umose of c	hanging its	registered
office or n	enistered agent, or both, in the State	e of Florida. Such change was a	authonzed	by the cor	poration	n's b	oard of directors. I hereby accept	the appoin	tment as re	egistered
-	m familiar with, and accept the oblig	alibns of, Section 607.0305, Fit	OFFICE STATE	ilies.						
SIGNATURE										
	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	E. Registered	Agent signature	respired	when	reinstating)	CATE		
12,	Signature, typed or printed name of registered ag OFFICERS A	ent and little if applicable (NOT ND DIRECTORS	E: Registered	Agent signature	D		refressting) ADDITIONS/CHANGES TO OFF		DIRECTO	DR9-JN 12
		<u> </u>			5	ΩF	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	Œ	G	ΩF	ADDITIONS/CHANGES TO OFF			DRSVIN 12 PAddition
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12.	OFFICERS A D BENJAMIN, HAROLD	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME	GH	ΩF	ADDITIONS/CHANGES TO OFF		Change 43= 67	3 Addition
12. IIILE NAME STREET ADDRESS	OFFICERS A D BENJAMIN, HAROLD 6208 PEMBROKE ROAD	ND DIRECTORS	13. 1.1 TH 12 NA 1.3 SH 14 CH 2.1 TH	ILE ME REET ADORES: IY-ST-ZIP ILE	GH	ΩF	ADDITIONS/CHANGES TO OFF			ORS N 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS A D BENJAMIN, HAROLD 6208 PEMBROKE ROAD	ND DIRECTORS	13. 1.1 TIT 12 NA 1.3 STI 14 CII	ILE ME REET ADORES: IY-ST-ZIP ILE	GH	ΩF	ADDITIONS/CHANGES TO OFF		Change 43= 67	3 Addition
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