## 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

## DOCUMENT # **P97000090916**1. Corporation Name

F&G INVESTMENTS OF CORAL GABLES. INC.

| Principal Place   | of Business  | Mailing Address  | Mailing Address           |                                |               | 1 (45)(45) (45 12)(7 12)(1 45)(4 45)(7 45)(1  |                             | ,2.2 3, .40,                                    |  |
|---|--|--|---------------------------|--------------------------------|---------------|---|-----------------------------|---|--|
| 3211 PONCE DI   | E LEON BLVD  |  | 3211 PONCE DE LEON BLVD   |                                |               |   |                             |   |  |
| SUITE 301   | S E1 20104   | SUITE 301<br>CORAL GABLES FL 33134                             |                           |                                |               | DO NOT WRITE IN THIS SPACE  |                             |   |  |
| CORAL GABLES FL 33134 CORAL GABLES  |  |  | ) FL 03134                |                                |               | 3. Date Incorporated or Qualifed  |                             |   |  |
|   | ·  |  |                           |                                |               | 10/22/1997  |                             |   |  |
| Principal Place of Business     2a. Mailing Address   |  |  |                           |                                |               | 4. FEI Number   | App                         | lied For  |  |
| 21  |  | 26   |                           |                                |               | 65-0790459  |                             | Applicable                                      |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.       |                                |               | 5. Certificate of Status Desired  | \$8.75 A                    |   |  |
| 22  |  | 27   |                           |                                |               |   | Fee Rec                     | <u>'- ·                                    </u> |  |
| City & State  | e  | City & State   |                           |                                |               | 6. Election Campaign Financing  | <b>\$5.00</b> M<br>Added to |   |  |
| 23  | Country  | Zip Country  |                           |                                |               | Trust Fund Contribution   |                             | 7 Fees  |  |
| Zip   | Country  | <b>⊢</b>   |                           |                                |               | 8. This corporation owes the current year Intangible Personal Property Tax.                   |                             |   |  |
| 24  | 9. Name and Address of Curre   | 29 Agent   | [30]                      |                                | 1.0           | 10. Name and Address of New Registe   |                             |   |  |
|   | 5. Name and Address of Curre   | it itegistered Agent   |                           | 81                             | Name          |   |                             |   |  |
| MILT  | ON, FRANK  |  | Ļ                         | _                              |               | (D.O. C. N. L.  |                             |   |  |
|   | PONCE DE LEON BLVD   |  |                           | 82                             | Street Addi   | ress (P.O. Box Number is Not Acceptable)  |                             |   |  |
|   | E 301  |  |                           | 83                             |               |   | 1                           |   |  |
|   | AL GABLES FL 33134   |  | į                         | _                              |               |   |                             |   |  |
|   | •  |  |                           | 84                             | City          |   | FL 85 Zip C                 | ode   |  |
| office or n   | egistered agent, or both, in the State<br>m familiar with, and accept the oblig. | of Florida. Such change was a ations of, Section 607.0505, Flo | autnorized<br>orida Statu | tes.                           | tne corporati | poration submits this statement for the purposion's board of directors. I hereby accept the a | дррошштен аз год            | istered   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS |  |  | 13.                       |                                |               | ADDITIONS/CHANGES TO OFFICER  | S AND DIRECTOR              | RS IN 12  |  |
| TITLE   | מ  | ☐ DELETE   | 1.1 717                   | LE                             |               |   | ☐ Change                    | Addition  |  |
| NAME  | MILTON, FRANK  |  | 1.2 NA                    | ME                             |               |   |                             |   |  |
| STREET ADDRESS 3211 PONCE DE LEON BLVD, STE 301   |  |  | 1.3 STF                   | 1.3 STREET ADDRESS             |               |   |                             |   |  |
| CITY-ST-ZIP CORAL GABLES FL 33134   |  |  | 1.4 CITY-ST-ZIP           |                                |               |   |                             | •   |  |
| TITLE   | ☐ DELETE   |  |                           | Œ                              |               |   | ☐ Change                    | ☐ Addition                                      |  |
| NAME  | ·  |  |                           | 2.2 NAME                       |               |   |                             | {   |  |
| STREET ADDRESS  | , ,  |  | 2.3 ST                    | REET                           | ADDRESS       |   |                             | ſ   |  |
| CITY-ST-ZIP   | . <u></u>  |  | 2. 4 CF                   | TY-S                           | T-ZIP         |   |                             |   |  |
| TITLE   | > =  | DELETE   | 3.1 TIT                   | LE ·                           |               | · . · · · · · · · · · · · · · · · · · ·   | Change                      | ☐ Addition                                      |  |
| NAME  |  |  | 3.2 NA                    | ME                             |               |   |                             | Ï   |  |
| STREET ADDRESS  |  |  | 3.3 ST                    | REET                           | ADDRESS       | •   |                             |   |  |
| CITY-ST-ZIP   | }  |  | 3.4. CI                   |                                | T-ZIP         |   |                             | □ A ddition                                     |  |
| TITLE   |  | ☐ DELETE   | 4,1 TIT                   |                                | ļ             |   | Change                      | ☐ Addition                                      |  |
| NAME  |  |  | 4. 2 NA                   | ME                             |               |   |                             | )   |  |
| STREET ADDRESS  |  |  | 4.3 STI                   | REET                           | ADDRESS       |   |                             |   |  |
| CITY-ST-ZIP   | <u> </u>   | □ ac: ===  | 4.4 CIT                   |                                | r-ZIP         |   | ☐ Change                    | Addition  |  |
| TITLE   |  | ☐ DELETE   | 5.1 TIT                   |                                | -             | •   | , Change                    |   |  |
| NAME  |  |  | 5.2 NA                    |                                | T ADODESS     |   |                             |   |  |
| STREET ADDRESS  |  |  |                           |                                | ADORESS       |   | -                           |   |  |
| CITY-ST-ZIP   |  | DELETE   | 5.4 CIT<br>6.1 TIT        |                                | 1-417         |   | Change                      | Addition  |  |
| TITLE   |  | □ nereig   |                           |                                |               |   |                             |   |  |
| NAME "  |  |  |                           | 6.2 NAME<br>6.3 STREET ADDRESS |               |   |                             |   |  |
| STREET ADDRESS  | 1  |  | 0.0 311                   | 1                              |               |   |                             |   |  |

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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305-460-6300

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90094 002 \*\*\*150.00