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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700096142

1. Corporation Name

GEORGE INVESTMENT, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90023 011 ***150.00

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Principal Plac	e of Business	Mailing Address				1 1401140		***** *****		
555 NE 15 STREET NO PH-K 555 NE 15 STREET NO PH- MIAMI FL 33132 MIAMI FL 33132						•				
WILMII IE JOIG		WILLIAM I C GOLGE					DO NOT WR	ITE IN THIS	SPACE	
					= -	te Incorpo	orated or Qualifed			
2 Principal P	Place of Business	2a. Mailing Address			4. FE	Number		-	App	lied For
	DISW 12 ST_	26 PO RE	X / I	9068	7/ 65	-07935	71 .	. /	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		,		rtifcate of	Status Desired	X J	\$8.75 A	dditional quired
22 18 — City & Stat	le	City & State	12	د	6. Ele	ection Car	mpaign Financing	200	\$5.00	
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	9. Name and Address of Curre		1001				Address of New	Registered	Agent	
			8	1 Name						
FEIN	nstein, Brett		_	2 Street	Add:	Day Num	nber is Not Accep	table)		
407 LINCOLN ROAD STE 2A				Street	Address (P.O.	BOX NUIT	iber is Not Accep	table)		
MIAI	MI BEACH FL 33139		8	3						
<u> </u>			8	4 City			.	FL	85 Zip C	ode
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11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Statu e of Florida. Such change was :	ites, the abo authorized b	ove-named by the corp	corporation st oration's board	of direct	ors. I hereby acce	pt the appoi	intment as reg	istered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Fl	orida Statute	es.						
SIGNATURE	:				required when reinst			DATE		
	Signature, typed or printed name of registered as	gent and title if applicable. (NO) AND DIRECTORS	13.	gent signature			CHANGES TO O		ND DIRECTO	RS IN 12
TITLE	D			_	701	JI I O I O I	<u> </u>		E3Channa	Addition
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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 on an articly ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #