Feb 23, 1999 8:00 am Secretary of State

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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 # P98000028673

| 1. Corporation 6444 BIS | CAYNE INVESTORS, INC. | 020010 | | | | | | | | | | | | |
|---|--|--|--------------------------|--------------------------------|-----------|---------|-------------------|--------------|--------------|----------------------|--------------------------------|--|--------------------|-----------------------------|
| Principal Place | e of Business | Mailing Address | | | | | | 1100 | 11 6 6 1 110 | 10101 101 | ,, 40 114 40 151 | ** ********************************** | FIRST INTO BILLI | 1888 1111 1881 |
| 1633 JEFFERSO MIAMI BEACH F | = | POST OFFICE BOX 190651 MIAMI BEACH FL 33119 | | | | | | | | DO NO | OT WRITE | IN THIS | SPACE | |
| | | | | | | | | ate Inc | | | Qualifed | | | |
| 2. Principal Place of Business 2a. Mailing Address 21 | | | | | | | | Ei Num | | 82 L | 1552 | | No | oplied For ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | | 5 . C | ertifcat | of St | atus De | sired | | \$8.75 / Fee Re | Additional equired |
| City & State | City & State City & State | | | | | | | | | aign Fin tributio | ancing - n | | - \$5.00 Added | - 1 |
| Zip | Country Zip Cou | | | | | | | | | | the currer | t year In | | □No |
| 24 25 29 30 | | | | | | | | | | rty Tax | f New Re | aletarod | Yes | LJNO |
| | 9. Name and Address of Current | t Kegisterea Agent | | B1 | Name | ٦ | 10. N | ame a | iu Au | 11622 0 | I NEW ICE | gistereu | Våeur | |
| KARLOCK, MADISON K | | | | | | | /D 0 | | | 72 KI-4 | 8 | 1-1 | | |
| 1633 JEFFERSON AVENUE | | | | | Street / | Address | s (P.O | . Box I | lumbe | r is Not | Acceptab | ie) | | |
| MIAMI BEACH FL 33119 | | | | | | | | | | | | | | |
| | | | | | City | | | | | | | FL | 85 Zip | Code |
| agent. I ar | to the provisions of Sections 607.050/ egistered agent, or both, in the State on familiar with, and accept the obligation Signature, typed or printed name of registered agen | t and title if applicable (NOTE: Re | Statut Chronistered A | es. L | he corpo | _ | nen rekns | stating) | | | 1 – 10 | ~ % % | · | |
| 12. | OFFICERS AN | OFFICERS AND DIRECTORS 13 | | | | Das | | le~+ | IS/CH/ | ANGES | TO OFFE | CERS A | ND DIRECTO | Addition |
| TITLE | | ☐ DELETE | 1.1 TITLE | | | 00.6 | 7 7 10 1 7 4 0 | ピアペ エ | | - A4 | 24061 | 2 | □ onange | Management |
| NAME | | | | 1.2 NAME 1.3 STREET ADDRESS | | | 33' | ۱۵۸ د مال | Cle | ~Sa~ | LLOCI | ٠. | • | |
| STREET ADDRESS | | | | | | | יילוו | | Re | Loc | FL | 33 | 139 | |
| CITY-ST-ZIP TITLE | ····· | | | | -217 | | | | | | • | | [] Change | Addition |
| | | | | 2.2 NAME | | | | | | | | | | _ |
| NAME STREET ADDRESS | | | ļ. | | ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 2. 4 CIT | | - 1 | | | | | | | | | • |
| TITLE | | ☐ DELETE | 3.1 TITU | | | | | | | | , | | Change | ☐ Addition |
| NAME | | | 3.2 NAM | Æ | | | | | | | | - | | |
| STREET ADDRESS | | | 3.3 STR | EET | ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | 34.4 | | | 3.4. CITY-ST-ZIP | | | | | | | | | | |
| TITLE | | | | | 4.1 TITLE | | | | | | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAN | ΜE | | | | | | | | | | |
| STREET ADDRESS | | | 4.3 STR | EET | ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | /-ST | -ZIP | | | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITL | E | | | | | | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAM | Æ | | | | | | | | | | ĺ |
| STREET ADDRESS | | | 5.3 STR | EET | ADDRESS | | | | | | | | | |
| CITY ST. 710 | | | 5.4 CITY | Y-ST | -ZIP | | | | | | | | | |

CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

MADISON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

KARLOCK 1-10-99

Change

Addition