FILED Apr 26, 1999 8:00 am Secretary of State

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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000070760

1. Corporation Name

FLORIDA COMMERCIAL INVESTMENT CORP.

Principal Place of Business				Mailing Address										
1921 E. ATLANTIC BLVD.			1921 E. ATLANTIC BLVD. POMPANO BEACH FL 33C60											
POMPANO BEACH FL 33060			TOMENHO BENOTE L SOCO				DO NOT WRITE IN THIS SPACE							
									1	ate Ir corporated or Qualife	d			
										3/13/1998				
2. Principal Pl	lace of Business		2a.	Mailing Address						I Number	,	<u> </u>	clied For	
21			26						6.	<b>5</b> -0856583	<del>)</del>		t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Ce	ertifcate of Status Desired		<b>\$8.75</b> A Fee Re		
22			27											
City & State			City & State				6.			ection Campaign Financing rust Fund Contribution	9 🗆	<b>\$5.00</b> Added t	- 1	
23			Zip Cour			otry o							1 663	
Zip		ountry				Adria y				8. This or rporation owes the current year intangible  Person al Property Tax.				
24	9. Name and Address of Currer		<u> </u>		30					ame and Address of New	Registered			
	9. Name and A	Aggress of Current	Regis	ered Agent		81	Nar	 ne	10. 110	arrie array sauces of rest				
LESE	HIN, RANDALL L													
1921 E. ATLANTIC BLVD.						82	Stri	et Acc	ress (P.O. Box Number is Not Acceptable)				1	
POMPANO BEACH FL 33060						83								
1 010														
						84	City	,			FI	85 Zip (	Code	
11. Pursuant	to the provisions o	f Sections 607.0502	and 60	07.1508, Florida Statu	tes, the at	ove	e-nan	ed ccr	poration su	ubmi s this statement for the	ne purpose 3	of changing its	registered	
office crr agent. a	egistered agent, or m familiar with, and	d accept the obligat	ions of,	Section 607.0505, Fl	rida Statu	ites.		Orporal	ion's board	d of threetors, thereby acc	epi ille api c	omanem as reg	gotored	
SIGNATURE				MOT	T. Danielana	A	<del>.</del>		ed when reins	totion)	DATE			
12.	Signature, typed or printe	OFFICERS ANI			13.	Agen	it signa	ule requi		DITIONS/CHANGES TO C		ND DIRECTO	FIS IN 12	
TITLE	D	OF FICE RS AN	· Once	☐ DELETE	1,1 T/T	LE						Change	Addition	
NAME	LESHIN, RANDALL L ESQ.					1.2 NAME								
STREET ADDRESS	1921 E. ATLAN				1		LADDRI	-ss						
	POMPANO BEACH FL 33060					1.3 STREET ADDRESS 1.4 CITY-ST-ZIP								
CITY-ST-ZIP TITLE	1 OHI / 1170 DE/10/11 E 00000		☐ DELETE			2.1 TITLE						☐ Change	Addition	
NAME					2.2 NA			- {					1	
STREET ADDRE 3S					2.3 ST	REET	T ADDR	ESS						
					2. 4 CI									
TITLE				☐ OELETE	3.1 TIT		, . <u>.</u>					Change	☐ Addition	
NAME	•			•	3.2 NA									
STREET ADDRESS					3.3 ST	REET	T ADDR	ESS						
CITY-ST-ZIP					3 4 CI									
TITLE				☐ DELETE	4,1 TIT			┯.				☐ Change	Addition	
NAME					4 2 N									
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CITY-ST-ZIP					4.4 CI									
TITLE		<del></del>		☐ DELETE	5.1 TIT							Change	Addition	
NAME				-	5.2 NA									
STREET ADDRE SS					5.3 ST	REET	T ADDR	ESS						
CITY-ST-ZIP					5.4 CI									
TITLE	1	<del> </del>	_	☐ DELETE	6.1 TIT				·			Change	Addition	
NAME	}				6.2 NA	ME								
STREET ADDRESS	1				6.3 ST	REET	TADDR	ESS						

14. I hereb / 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.

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRE 3S

CITY-ST-ZIP