PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90009 030 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P98000	072474					
i. Corporation	PROPERTY INVESTMENTS, I				٠.		
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Principal Place	of Business	Mailing Address	-	-		- 1 (45):(63) (10 (Elith rhitt Elith Afrit albitt 60:11 10:21) eine sint einen tann eine ennt	
5440 NORTH ST	TATE ROAD 7	5440 NORTH STATE ROAD 7	, -			· .	٠
SUITE 204 . SUITE 204 FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319				1		DO NOT WRITE IN THIS SPACE	
FORT LAUDERL	PALE FL 33319	FORT LAUDERDALE FL 3331	9			3. Date incorporated or Qualifed	
						08/19/1998	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	ì
21 28						65-085 9/// Not Applicable	ł
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required	1
22 -		27				Fee (Squiled	ł
City & State	B	City & State				6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees	_
Zip	Country Zip			untry	· <u> </u>	8. This corporation owes the current year Intangible	
24	25	←	101	,		Personal Property Tax. Yes No	
-	9. Name and Address of Current			I^-		10. Name and Address of New Registered Agent	
				81	Name		
MARCUS, NORMAN				82	Street Addre	ess (P.O. Box Number Is Not Acceptable)	
8181 WEST BROWARD BLVD.							i
SUITE 300				83			1
PLANTATION FL 33324				84	City	FL 85 Zip Code	;
	·	Territor Historia				region submits this statement for the purpose of changing its registered	!
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes of Florida, Such change was aut	norize	ed by t	the corporatio	oration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered	ì
agent, I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ta Sta	itutes.			ľ
SIGNATURE	Signature, typed or printed name of registered agent	and the diapplicable. (NOTE: F	legislere	ed Agent	signature required	when reinstating) DATE	õ
12.	OFFICERS ANI	DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	PD .	DELETE	1,11	MLE	}	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	Ξ
NAME	SAVAGE, BRIAN		1.2 NAME			j ĝ	Ś
STREET ADDRESS	i i			1.3 STREET ADDRESS		u	Ų
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	☐ DELETE	-	TTY: ST	-ZP	Change Addition	۶
TITLE			NAME	l			
NAME	TOTAL MARKET SOLD & SURTE CO.				ADDRESS	·	l
STREET ADDRESS	FORT LAUDERDALE FL 33319			2.4 CITY-ST-ZIP			ļ
TOTALE			-	3.1 TITLE		Change Addition	•
NAME	33		3.21	NAME			
_STREET ADDRESS			. 3.3 9	STREET	ADDRESS		
CITY-ST-ZiP		<u></u>	_	CITY-ST	F- ZIP	☐ Change ☐ Addition	
TITLE) DELETE		MLE		☐ Change ☐ Addition	
NAME	•			NAME		•	
STREET ADDRESS					ADORESS		•
CITY-ST-ZIP	<u> </u>	☐ DELETE	_	CITY-ST- ITILE	-200	☐ Change ☐ Addition	
TITLE .	,			VAME	-		ì
NAME STREET ADDRESS					ADDRESS	1	!
CITY-ST-ZIP				CITY-ST-	1		
TITLE		☐ DELETE	6.1 1	MLE		☐ Change ☐ Addition	
NAME .			9	WAVE			
STREET ADDRESS					ADDRESS		
CITY-ST-74P			6.40	ary∙st-	-2 <u>u</u> P		

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 of on an attachment with an address, with all other like empowered.