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 # P98000090694

1. Corporation Name

DAVIE CROSSINGS INVESTMENT, INC.

Princ	cipal P	ace c	of Busine	988
7900	MIAMI	LAKE	S DRIVE	WES1
MIAM	LAKE	S FL	33016-58	197

Mailing Address

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

04-23-1999 90092 019 ***150.00



MIAMI LAKES FL 33016-5897 MIAMI LAKES FL 33016-5897											
						DO NOT WRITE I	N THIS S	PACE			
•						3. Date Incorporated or Qualifed					
	•					10/22/1998					
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number			Applied For	<u>- </u>		
21		26				65-0876578			Not Applica	ible	
Suite, Apt. #, etc.				5. Certifcate of Status Desired]	\$8.75 Additional Fee Required			
22				~~		6. Election Campaign Financing		\$5.0	0 May Be	一一.	
23 28						Trust Fund Contribution] 		d to Fees	_	
Zip	Country Zip Cou			itry	Xaz						
24 25 29 30			30	1 0.001/0.174							
	9. Name and Address of Current	Registered Agent		241	N	10. Name and Address of New Registered Agent					
DDAE	MAN, HOWARD J			81	Name						
	•		1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		,		
	MIAMI LAKES DRIVE WEST										
MIAM	II LAKES FL 33016-5897			83							
					City		FL		ip Code		
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Sta	atutes, the at	ove-	named corpo	oration submits this statement for the pur n's board of directors. I hereby accept the	pose of c	hanging	its registered	ed	
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida. Such change wa ns of, Section 607.0505,	ıs autnorizeo Florida Statu	oy u tes	ne corporatio	n's board of directors. I hereby accept to	е арропъ	unen as	registered		
SIGNATURE	Signature, typed or printed name of registered agent				signature required	when reinstatem)	DATE			.	
12.	OFFICERS AND		13.	-goin a	Signature required	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN 1	2	
TITLE	D	□ DELETE		LE	DP			Chan			
NAME	KISLAK, JAY	_	1.2 NA	ME	K]	ISLAK, JAY I.				1	
Į.	7900 MIAMI LAKES DRIVE WEST	7			ADDRESS 79	900 MIAMI LAKES DRIVE	WEST				
STREET ADDRESS	MIAMI LAKES FL 33016-5897		1.4 CIT		20,1200	IAMI LAKES, FL 33016-]	
CITY-ST-ZIP TITLE	D	☐ DELETE				PS		Chan	ge ∏Ad	dition	
	_		2.2 NA	_	PE	RAFMAN, HOWARD J.		_	_	[
TOO MIAMILANCO DONE MEOT				7900 MIAMI LAKES DRIVE WEST							
STREET ADDRESS	MIAMI LAKES FL 33016-5897) ಸಾವರ್ಷ ಸ್ಪ್ರೆ ಪ್ರಮ									
CITY-ST-ZIP	IVIIAWII LANES PL 330 10-3097	☐ DELETE	2.'4 CF		VE	IAMI LAKES, FL 33106-	1600	☐ Chan	e Ad	dition	
TITLE			3.1 MA			OM BARTELMO					
NAME	•	•				7900 MIAMI LAKES DRIVI	E WES	т		1	
STREET ADDRESS	•				ADDRESS	IAMI LAKES, FL 33016	-5897	_			
CITY-ST-ZIP	<u> </u>	DELETE	3.4. CF		-ZIP [VI	TAMI LAKES/ FE SSOTO		Chan	ge ∏Ad	dition	
TITLE			•		-				å¢ □.∞	3,00,1	
NAME			4. 2 NA								
STREET ADDRESS	•				ADDRESS						
CITY-ST-ZIP	. 7		4.4 CIT		ZIP			☐ Chan	ge ∏Ad	Idition	
TITLE	•	☐ DELETE						L Chan	ge ∐Ad	union (
NAME		•	5.2 NA							}	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CIT		ZIP					latela.	
TITLE		☐ DELETE		-				Chan	ge □ Ad	aition	
NAME			6.2 NA							İ	
STREET ADDRESS			6.3 ST	REETA	ADDRESS	•				ŀ	

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.

SIGNATURE:

CITY-ST-ZIP