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~;PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90178 030 ***150.00

DOCUMENT # \$22400

1. Corporation Name

CGMN FLORIDA INVESTMENT, INC.

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Principal Place	e of Business	Mailing Address						111 81811 91		
2500 HOLLYWO	OOD BLVD	2500 HOLLYWOOD BLVD								
STE 212 STE 212			T. 42000			DO NOT WRITE	INI THIS S	DACE		
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed 12/28/1990		· -· -		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				65-0252060			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional Required	
City & State	е	City & State				6. Election Campaign Financing		\$5.0	00 May Be	
23		28				Trust Fund Contribution		Add	ed to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the current			rien	
24	25	29	30			Personal Property Tax.		☐Yes	No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	gistered A	gent		
	IELLA BOCC		8	31 N	Name					
	iella, ross) Hollywood Blvd		8	32 5	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		, ,	
STE	212		8	33						
HOL	LYWOOD FL 33020							I.J.		
			8	84 (City		FL	85 Z	Zip Code	
l office or n	egistered agent, or both, in the State rn familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized b orida Statute	by the	e corporatio	oration submits this statement for the pun's board of directors. I hereby accept to the pun's board of directors.	irpose of c he appoint	hanging tment as	its registered s registered	
12.	Signature, typed or printed name of registered age			gent sig	mature required				7000 11 10	
	OI LICENS AI	ND DIRECTORS	1 3			ADDITIONS/CHANGES TO OFFI	CERS AND) DIRFO	21ORS IN 12	
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY+ST+ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)