Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90037 010 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	n Name						
FEMAR	INVESTMENTS, INC.				e immenhi the einim idede ledes dides date delle	I	<b>118</b> 14 <b>218</b> 11 12 <b>8</b> 1
Principal Plac	e of Business	Mailing Address			T (BATERIA IIA IIA IATA IIATE AIDEL AREL AIA		BINN BYNY 1891
200 S BISCAYI	NE BLVD SUITE 4950	200 S BISCAYNE BLVD SUI	TE 4950		,		
SOUTHEAST FINANCIAL CENTER SOUTHEAST FINANCIAL CEN			NTER		DO NOT WRITE IN THIS SPACE		
MIAMI FL 3313	31	MIAMI FL 33131			3. Date Incorporated or Qualifed	IIO OFACE	
					01/30/1991	•	
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
		26			65-0255207	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing	. *	May Be
!3		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	Intangible Yes	□No
4	.  25		30	T	Personal Property Tax.  10. Name and Address of New Registere		١١٧٥
	9, Name and Address of Curren	Registered Agent		81 Name	10. Ivalite and Address of New Auguster	, a rigotic	
CHC	OPP, HAROLD					·	
200 S BISCAYNE BLVD SUITE 4950				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	JTHEAST FINANCIAL CENTER			83		•	
	MI FL 33131	•				<del></del>	
				84 City	F	85 Zip	Code
11 Dursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s. the a	bove-named corp	poration submits this statement for the purpose	of changing its	registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was au	itnonzed	ov the corporau	on's board of directors. I hereby accept the app	pointment as re	gistered
<u> </u>		John Of, Section 607.0303, 1 lon	ida Otat	uics.	•		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered	Agent signature require			
12.	OFFICERS AN	D DIRECTORS					
TITLE	PD		13.		ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
NAME	DEVICE DODA O	☐ DELETE	13.	TLE		AND DIRECTO	ORS IN 12
	REYLER, DORA D	☐ DÆLETE					
STREET ADDRESS	*	☐ DELETE	1,1 Ti				
STREET ADDRESS CITY-ST-ZIP	1		1.1 Ti 1.2 Ni 1.3 S	AME		Change	☐ Addition
	#4950, 200 S BISCAYNE BL	☐ DELETE	1.1 Ti 1.2 Ni 1.3 S	AME TREET ADDRESS			
CITY-ST-ZIP	#4950, 200 S BISCAYNE BL MIAMI FL VD KERBEL, FANNY A		1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	AME TREET ADDRESS TY-ST-ZIP TLE		Change	☐ Addition
CITY-ST-ZIP	#4950, 200 S BISCAYNE BL MIAMI FL VD KERBEL, FANNY A		1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni	AME TREET ADDRESS TY-ST-ZIP TLE		Change	☐ Addition
CITY-ST-ZIP TITLE NAME	#4950, 200 S BISCAYNE BL MIAMI FL VD KERBEL, FANNY A	☐ DELETE	1.1 Ti 1.2 Ni 1.3 S <sup>-</sup> 1.4 Cl 2.1 Ti 2.2 Ni 2.3 S <sup>-</sup> 2.4 Cl	AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS - ITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	#4950, 200 S BISCAYNE BL MIAMI FL VD KERBEL, FANNY A #4950, 200 S BISCAYNE BL MIAMI FL SD		1.1 TV 1.2 NV 1.3 ST 1.4 CI 2.1 TV 2.2 NV 2.3 ST 2.4 CO 3.1 TV	AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS - ITY-ST-ZIP TLE		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	#4950, 200 S BISCAYNE BL MIAMI FL VD KERBEL, FANNY A #4950, 200 S BISCAYNE BL MIAMI FL SD REYLER, DORA D	☐ DELETE	1.1 Ti 1.2 Ni 1.3 S 1.4 Ci 2.1 Ti 2.2 Ni 2.3 S 2.4 Ci 3.1 Ti 3.2 Ni	AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS - ZITY-ST-ZIP TLE AME		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	#4950, 200 S BISCAYNE BL MIAMI FL VD KERBEL, FANNY A #4950, 200 S BISCAYNE BL MIAMI FL SD REYLER, DORA D #4950, 200 S BISCAYNE BL	☐ DELETE	1.1 Ti 1.2 Ni 1.3 S' 1.4 Ci 2.1 Ti 2.2 Ni 2.3 S' 2.4 Ci 3.1 Ti 3.2 Ni 3.3 S'	AME ITREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADORESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	#4950, 200 S BISCAYNE BL MIAMI FL VD KERBEL, FANNY A #4950, 200 S BISCAYNE BL MIAMI FL SD REYLER, DORA D #4950, 200 S BISCAYNE BL MIAMI FL	DELETE	1.1 Ti 1.2 Ni 1.3 S' 1.4 Ci 2.1 Ti 2.2 Ni 2.3 S' 2.4 Ci 3.1 Ti 3.2 Ni 3.3 S' 3.4 Ci	AME  ITREET ADDRESS  ITY-ST-ZIP  TLE  AME  ITREET ADORESS		Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Dora D. Reyler, President 3/24/99