Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90177 015 ***150.00

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

DOCAL	MEN! # V20103	3						
 Corporation 	FAMILY INVESTMENTS, IN							
ONLLD	AMILL HATCHMENTO, IN					3 1889) 811810 31811 891 01 3383 88188 1313 8 3	in Bibii bibii bibii b	
Principal Place	of Business	Mailing	Address			(1981) Blugge stell entitle series tro. en	,,, 2,2,, 2,2,, 2,2,, 2	1411 21411 1241
11027 N.W. 7TH ST 11027 N.W. 7TH ST								
CORAL SPRINGS FL 33071-5108 US			CORAL SPRINGS FL 33071 US			DO NOT WRITE IN THIS SPACE		
00		00				3. Date Incorporated or Qualifed		
- 51	4 Decision	1 2 142	ilina Addraga			03/09/1992 4. FEI Number		plied For
-	ace of Business	2a. Mailing Address 26				65-0318813	— <u> </u>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				_	\$8.75 A	
22	, 515.	<u> </u>	27			5. Certifcate of Status Desired	Fee Re	
City & State	e	City	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip		Country	/	8. This corporation owes the current year	Intangiole	_
24	25	29		30		Personal Property Tax.	√ Z Yes	□No
,	9. Name and Address of Curre	nt Registere				10. Name and Address of New Register	ed/Algent	
0011	EN DAVID OIDON			81	Name	: :	()	
COHEN, DAVID GIDON 11241 WEST ATLANTIC BOULEVARD				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33071				-				
CON	AL OF THIS CO. I E SOUT			83	'			•
				84	City		85 Zip C	Code
44 - Division and	the provisions of Continue 607.0E	02 and 607 1	508 Elosida Statuta	se the abou	re-named cor	poration submits this statement for the purpose		registered
office or re	egistered agent or both in the State	e of Florida. S	Such change was at	Jithorized by	the corporal	tion's board of directors. I hereby accept the ap	pointment as reg	gistered
-	m familiar with, and accept the oblig	ations of, Sec	ction 607.0505, Flor	jua Statutes	5.			}
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if appl	icable (NOTE	Registered Age	nt signature requi	red when reinstating) DATE		
12.	OFFICERS A	ND DIRECTO	ORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D		☐ DELETE	1.1 TITLE	1		Change	☐ Addition
NAME	0011211 012011 0		1.2 NAME				}	
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL.		Delete	1.4 CITY-ST-ZIP			Change	Addition
TITLE	_		2.1 TITLE			Criange		
NAME	OTTEN, IN MELE		2.2 NAME	T 4000000				
STREET ADDRESS	361 N. ALTAVISTA BLVD. LOS ANGELES CA			2.4 CITY-	T ADDRESS			
CITY-ST-ZIP TITLE	DELETE		3.1 T/TLE	31-21	·	- Change	- 🖃 Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	TADDRESS			
CITY-ST-ZIP			[] N=: ===	4.4 CITY-5	ST-ZIP		Chanca	Addition
TITLE			DELETE	5.1 TITLE 5.2 NAME			Change	ריין אינטוויטוו
NAME					T ADDRESS			
STREET ADDRESS				5.3 STREE				
CiTY-ST-ZiP			☐ DELETE	6.1 TITLE	31-21		☐ Change	☐ Addition
TITLE			_ 500000	6.2 NAME				_
NAME STREET ADDRESS					T ADDRESS			

6.4 CITY-\$T-ZIP CITY-ST-ZIP 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR