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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L57808**

1. Corporation Name
HUSS ENTERPRISES INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8651 PORTSIDE CT ORLANDO FL 32817 6914 HANGING MOSS RD. ORLANDO, FL 32807		Mailing Address 8651 PORTSIDE CT ORLANDO FL 32817 6914 HANGING MOSS RD. ORLANDO, FL 32807		3. Date Incorporated or Qualified 02/27/1990	
2. Principal Place of Business 6914 HANGING MOSS RD.		2a. Mailing Address 6914 HANGING MOSS RD.		4. FEI Number 59-2999965	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State ORLANDO, FL.		28. City & State ORLANDO, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 32807 Country U.S.A.		29. Zip 32807 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HUSS, JAMES R. 8651 PORTSIDE CT ORLANDO FL 32817				10. Name and Address of New Registered Agent			
81. Name				85. Zip Code			
82. Street Address (P.O. Box Number is Not Acceptable)				FL			
83.				City			
84. City				Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT HUSS, JAMES R.	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSS, JAMES R.	1.2 NAME	JAMES R. HUSS
STREET ADDRESS	8651 PORTSIDE CT	1.3 STREET ADDRESS	6914 HANGING MOSS RD.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	V HUSS, LINDA G	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSS, LINDA G	2.2 NAME	LINDA G. HUSS
STREET ADDRESS	8651 PORTSIDE CT	2.3 STREET ADDRESS	6914 HANGING MOSS RD.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	V HUSS, HORACE M.	3.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSS, HORACE M.	3.2 NAME	HORACE M. HUSS
STREET ADDRESS	8651 PORTSIDE CT	3.3 STREET ADDRESS	6914 HANGING MOSS RD.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	V HUSS, RODNEY J.	4.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSS, RODNEY J.	4.2 NAME	RODNEY J. HUSS
STREET ADDRESS	8651 PORTSIDE CT	4.3 STREET ADDRESS	6914 HANGING MOSS RD.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 a letter like empowered.

SIGNATURE: _____ DATE: **4/21/99** DAYTIME PHONE #: **(407) 671-0730**

CR2E034 (11/98)