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

1999 DOCUMENT # P94000033774

Principal Place of Business	Mailing Address	
2982 AVIATION WAY FORT PIERCE FL 34946	2982 AVIATION WA Y FORT PIERCE FL 34946	

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90058 017 ***150.00

B & E H	IOUCK ENTERPRISES, INC	· ·					
Dringing Di-	a of Ducinose	Mailing Address			#8157 (1)06 (1)11 1551 1561 6161 1681		
Principal Place of Business Mailing Address 2982 AVIATION WAY FORT PIERCE FL 34946 Mailing Address 2982 AVIATION WAY FORT PIERCE FL 34946		2982 AVIATION WA Y		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 05/04/1994			
	Place of Business L Curtis King Bly	2a. Mailing Address 26 2982 Curtis K	lina Blud	4. FEI Number 65-0454436	Applied For Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip C 29 30	Country	This corporation owes the current yea Personal Property Tax.	∑ Yes □ No		
	9. Name and Address of Curre	nt Registered Agent	04 No.	10. Name and Address of New Register	red Agent		
2982	JCK, ERROL 2 Aviation Way Rt Pierce Fl 34946		81 Name 82 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
			84 City		FL 85 Zip Code		
12.	· ···	ND DIRECTORS 1	ered Agent signature required. 1 TITLE	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS			
TITLE NAME	PTD Houck, Barbara J		2 NIANEC		7		
STREET ADDRESS	2982 AVIATION-WAY	13	3 STREET ADDRESS	2982 Curtis King Blvd.			
CITY-ST-ZIP	FORT PIERCE FL 34946		4 CITY-ST-ZIP		. —		
TITLE	VSD	i	1 TITLE		Change		
NAME CTREET ADDRESS	HOUCK, ERROL 2982 AVIATION WAY	2:	2 NAME 3 STREET ADDRESS	2982 Curtis King Blvd.			
STREET ADDRESS	FORT PIERCE FL 34946		4 CITY-ST-ZIP	_			
CITY-ST-ZIP	TOTT FILITOL TE 04040		1 TITLE		Change Addition		
NAME		3.	2 NAME				
STREET ADDRESS		3.	3 STREET ADDRESS	•			
CITY-ST-ZIP			4. CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE			1 TITLE				
NAME			.2 NAME .3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			4 CITY-ST-ZIP		ļ		
TITLE			1 TITLE		☐ Change ☐ Addition		
NAME		5.	2 NAME	Administration of the second s	ye of subject to the second supplies the second supplies to the seco		
STREET ADDRESS	;	5.	.3 STREET ADDRESS		·, · · · ·		
CITY-ST-ZIP			.4 CITY-ST-ZIP				
TITLE		- Otto	.1 TITLE		☐ Change ☐ Addition		
NAME		i	.2 NAME				
STREET ADDRESS	;		.3 STREET ADDRESS		3		
	1	a	A CITY_ST_7IP				

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 on an attachment with an address, with all priver like empowered.

SIGNATURE:	χ	M.	.0	11
		CHATHO	E AND TVDE	D AD DD