PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000002126

1. Corporation Name

HITTERS HANGOUT, INC.

Principal Place of Business	Principal	Place of	Business
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Mailing Address

12950 S.W. 85TH AVENUE ROAD MIAMI FL 33156 12950 S.W. 85TH AVENUE ROAD MIAMI FL 33156

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90031 020 \*\*\*150.00



DO NOT WRITE	IN	THIS	SF	ACE
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					3. Date Incorporated or Qualifed 01/09/1998		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0810774	No	t Applicable
	# etc	Suite, Apt. #, etc.				\$8.75	Additional
22	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	
City & State	•	City & State	-		6. Election Campaign Financing	\$5.00	· 1
23	•	28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year Intar	ngible	
24	25	29 3	0		Personal Property Tax.	⊒ Yes	□No
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Registered A	gent	
			81	Name			
REBI	HAN, GATOR					,	
7537	SW 104TH PLACE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAN	AI FL 33173		83				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			63				
			84	City		85 Zip (	Code
			٦	Oily	FL		
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	it Florida. Such change was auti	nonzea by	the corpora	rporation submits this statement for the purpose of cl tion's board of directors. I hereby accept the appoint	ment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ro	egistered Ager	nt signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	R\$ IN 12
TITLE	DP ·	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
	REBHAN, GATOR	<del>-</del>	1.2 NAME				
NAME	7537 SW 104TH PLACE						ļ
STREET ADORESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	•		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			ł
CITY-ST-ZIP		C C C C C C C C C C C C C C C C C C C	2. 4 CITY-5	ST-ZIP			
TITLE:	<del></del>	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
		***	3.2 NAME		سلامة - يه ،		
NAME	•						
STREET ADDRESS		•		TADDRESS	•		
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP	1.00	Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		•		
STREET ADDRESS		<u>-</u>	4.3 STREE	T ADDRESS			ł
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	_		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				ļ
	185		5.3 STREE	TADDRESS			
STREET ADDRESS			5.4 CITY-S				į
CITY-ST-ZIP		□ DELETE	6.1 TITLE	1-71L		Change	Addition
TITLE		U DELETE	I -				
NAME			6.2 NAME	İ			
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			
		h this filing does not qualify for th	an avament	ion stated in	Section 119 07(3)(i) Florida Statutes I further certif	fu that the i	oformation

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** 

LLS COLUMN E GATOR THE BARANS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-20-4

305-252-3139

Daytime 1

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