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

DOCUMENT # 831411

HOOOD	INTED AINCHAFT WANDFACT	ioning a sales, inc	<i>)</i> ,					
Principal Place of Business Mailing Address								
'+ +		Mailing Address						
784 N.W. 57TH COURT 784 N.W. 57TH COURT					}			
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309					DO NOT WRITE IN THIS SPACE			
}					3. Date Incorporated or Qualifed			
					12/10/1973			
2. Principal P	Place of Business	2a. Mailing Address	·		4. FEI Number		T Ap	plied For
21		26			52-0682586			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22	•	27			5. Certifcate of Status Desired	·	Fee Re	
City & Stat	te .	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Countr	У	8. This corporation owes the curr			
24	25		30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New I	Registered Age	nt	
SEC	GUIN, GERMAIN	•	8	1 Name				
∆\$ 784	N. W. 57TH COURT	THERE IS A STATE OF	8	2 Street Addi	ress (P.O. Box Number is Not Accept	able)		
FT	LAUDERDALE FL		-			<u>*</u>	. v	
	EAODENDALE I E		8:	3		机进品设		
			8-	4 City		E1 8	5 Zip (Code "
44 Dunnings	to the provisions of Sections 607.0502	==4 CO7 4509 Florido Statut	+		acatian autority this statement for the	<u> </u>	naina ita	
office or r	registered agent, or both, in the State of	f Florida: Such change was at	uthorized b	y the corporation	on's board of directors. I hereby accept	pt the appointme	ent as re	gistered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statute	S.			•	
agent. I a SIGNATURE				s.	art when reinstating)	DATE		
		and title if applicable. (NOTE:	: Registered Ag	s.	od when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND D	IRECTO	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:		S. ent signature require	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTO	
SIGNATURE	Signature, typed or printed name of registered agent. OFFICERS AND	and title if applicable. (NOTE:	: Registered Ag	S. ent signature require		FICERS AND D		RS IN 12
SIGNATURE 12	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Age 13. 1.1 TITLE 1.2 NAME	S. ent signature require	ADDITIONS/CHANGES TO OF	FICERS AND D		RS IN 12
SIGNATURE 12 TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of OFFICERS AND ST SEGUIN, FRANK 784 NW 57 COURT	and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	S. ent signature require	ADDITIONS/CHANGES TO OF	FICERS AND D		RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent of OFFICERS AND ST SEGUIN, FRANK	and title if applicable. (NOTE:	: Registered Age 13. 1.1 TITLE 1.2 NAME	S. ent signature require ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OF	FICERS AND D		RS IN 12
SIGNATURE 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. typed or printed name of registered agent. OFFICERS AND ST SEGUIN, FRANK 784 NW 57 COURT FT. LAUDERDALE FL P	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	s. ent signature require ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OF	FICERS AND D	Change	PRS IN 12 Addition
SIGNATURE 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent. OFFICERS AND ST SEGUIN, FRANK 784 NW 57 COURT FT. LAUDERDALE FL P SEGUIN, GERMAIN R	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	s. ent signature require ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OF	FICERS AND D	Change	PRS IN 12 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90056 014 ***150.00

CR2E034 (11/98)