03-10-1999 90199 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

1. Corporation	MENT # 505169 LISH, INC.						
11. C. 11C	LOTI, INO.						
Principal Place	e of Business	Mailing Address					HBI
120 SW 5 TH (120 SW 5TH CT					
POMPANO BCH FL 33060 POMPANO BCH FL 33060				DO NOT WESTERN THIS	CDACE		
US		US			DO NOT WRITE IN THIS	SPACE	 -
					3. Date Incorporated or Qualifed 06/14/1976		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	ade of Business	26			59-1677399	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	e	City & State	-	-	6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added 1	to Fees
Zip	Country Zip Co			′	8. This corporation owes the current year Int		
24	25	29 3	<u>ol</u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
AI E	VANDED VALLYE K		0.	Ivanie			
ALEXANDER, VALLYE K. 461 SE 3RD TERRACE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
POMPANO BCH FL 33441			83		p		
1 0111							
			84	City	FL	85 Zip (Code
office or r	egistered agent or both in the State	of Florida. Such change was aut	horized by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing its ntment as re	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes	5.			
SIGNATURE		NOTE D			ed when reinstating) DATE		
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: RO	13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DRS IN 12
TITLE	TS	DELETE	1.1 TITLE			Change	Addition
NAME	ALEXANDER, VALLYE K		1.2 NAME				
STREET ADDRESS	461 SE 3RD TERR		1.3 STREÉ	TADDRESS			
CITY-ST-ZIP	POMPANO BCH, FL 00000		1.4 CITY-S	IT-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	ALEXANDER, CHARLES P		2.2 NAME				
STREET ADDRESS	461 SE 3RD TERR.	2.3 \$		T ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-5	ST-ZIP			
TITLE	VD	☐ DELETE	3.1 TITLE		· -	Change	☐ Addition
NAME	WELSH, RICHARD M		3.2 NAME				
STREET ADDRESS	160 SW 32ND TERRACE		3.3 STREE	TADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL		3.4. CITY-5	ST-ZIP			
TITLE	V	☐ D€LETE	4.1 TITLE			☐ Change	☐ Addition
NAME	ALEXANDER, CHARLES P		4.2 NAME				
STREET ADDRESS	461 SE 3RD TERR		4.3 STREE	TADDRESS			
CITY-ST-ZIP	POMPANO BCH, FL 00000		44 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	Modified (
NAME			5.2 NAME	TADDRESS	• •		
STREET ADDRESS			5.4 CITY-S	1			
CITY-ST-ZIP		DELETE	6.1 TITLE) - ZIF		☐ Change	☐ Addition
TITLE			6.2 NAME	ŧ		Grange	
NAME				T ADDRESS			
CTDEET ADDDECC			■ U.J JINCE	- ADDINGS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS