Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90008 009 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 136571

1. Corporation Name

	H ENTERPRISES, INC.										
Principal Place	e of Business	Mailin	g Address					I Y ndiffi tiban desem firigi mistr libi		III BIBII VIO II	
1914 BEACH WAY RD. SUITE 3-O SUITE 3-O											
JACKSONVILLE	FI 32207-2358		ONVILLE FL 32207-	2358				DO NOT WR	ITE IN THIS	SPACE	
US		US	•				,	Date Incorporated or Qualifed			
								02/28/1968			
2. Principal Pl	lace of Business	2a. M	ailing Address					4. FEI Number		Α	pplied For
21		26						59-0468487		N	ot Applicable
Suite, Apt.	#, etc.	Su	uite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional
22		27						J. Cormodo or Clara I can a c			equired
City & State	e	c	ity & State					Election Campaign Financing			May Be
23		28						Trust Fund Contribution			to Fees
Zip	Country	Zi	р		untry			 This corporation owes the cur 	rent year Inta		XΝο
24	25	29		30				Personal Property Tax.	Banista rod i	Yes	ZZ(N0
	Name and Address of Curren	t Register	ed Agent		81	Name	1	0. Name and Address of New	Registered	-geni	
PRIC	e, robert j				"	Name				<u></u>	
	S MAIN ST				82	Street	Áddress	(P.O. Box Number is Not Accept	able)		}
	(SONVILLE FL 32207				83						
JACF	CONVILLE 1 L 32207				63						
					84	City			FL	85 Zip	Code
44 Dureuant	to the provisions of Sections 607.050	2 and 607	1508 Florida Stati	ites, the	above	e-named	corporat	ion submits this statement for the	purpose of		s registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida	Such change was	authorize	ad hv	the corbo	oration's	board of directors. I hereby acce	pt the appoir	stment as r	egistered
SIGNATURE							naviana dvaha	n constating)	DATE		
	Signature, typed or printed name of registered ager OFFICERS AN			13		it signature i	adolleo wile	n reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	ODC IN 12
12.	OFFICERS AN			1 10							URSINIZI
111145	VTD	 .	- 	11	TITLE				1102110	Change	
NAL OF	VTD		☐ DELETE	1	TITLE				1102110		
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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: