

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

APPROVED  
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99 FEB 15 AM 9:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # 329228

1. Corporation Name  
 HO HA CORPORATION dba West Flagler Tag Agy  
 5747 NW 7 St.  
 MIAMI, FLORIDA 33126

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 4/23/68

4. FEI Number  
 59-12 07898 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

David Harris Singer  
 13320 SW 128 St.  
 Miami, Florida 33186

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when for status change) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	President, Director <input type="checkbox"/> DELETE
NAME	DONNA SPEELMAN
STREET ADDRESS	9700 SW 110 St
CITY-ST-ZIP	MIAMI, Florida 33176
TITLE	SECRETARY DIRECTOR <input type="checkbox"/> DELETE
NAME	MARSHALL CHWAST
STREET ADDRESS	7750 SW 167 Terr.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-ST-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-ST-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-ST-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-ST-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-ST-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-ST-ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY-ST-ZIP

42. TITLE

43. NAME

44. STREET ADDRESS

45. CITY-ST-ZIP

46. TITLE

47. NAME

48. STREET ADDRESS

49. CITY-ST-ZIP

50. TITLE

51. NAME

52. STREET ADDRESS

53. CITY-ST-ZIP

54. TITLE

55. NAME

56. STREET ADDRESS

57. CITY-ST-ZIP

58. TITLE

59. NAME

60. STREET ADDRESS

61. CITY-ST-ZIP

62. TITLE

63. NAME

64. STREET ADDRESS

65. CITY-ST-ZIP

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 \*\*\*\*150.00 \*\*\*\*150.00

JB  
 2-10-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: \_\_\_\_\_ DONNA SPEELMAN PRESIDENT/DIRECTOR 305-261-6437

CR2E034 (11/98)