Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90023 014 \*\*\*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

## DOCUMENT # 441130

1. Corporation Name

IHALHEI	MEH & SUNS, INC.								
Principal Place	e of Business	Mailing Address				( IMESII BIBIC BIBRE IIABE IIABU ZUEL BREC BIBIC B	## ###################################	i Bibli Aibit Isbi	
255 13TH AVE S	S	255 13TH AVE S							
NAPLES FL 34102 NAPLES FL 34102						DO NOT WRITE IN THIS	SPACE		
us us						3. Date Incorporated or Qualifed			
						12/03/1973			
Principal Place of Business     2a. Mailing Address						4. FEI Number	Α	Applied For	
21		26				59-1497100		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional	
22		27	_					Required	
City & State	e	City & State				6. Election Campaign Financing		May Be to Fees	
23	Country	28	Cour	itne		Trust Fund Contribution  8. This corporation owes the current year Int		1 to rees	
Zip	Country	29	30	ru y		Personal Property Tax.	Yes	₽Ńo	
24	9. Name and Address of Curren	<del></del>	[30]			10. Name and Address of New Registered	Agent		
		<u></u>		81	Name		•		
WESTMAN, CARL E.			}	82 Street Address (P.O. Box Number is Not Acceptable)					
850 PARK SHORE DR 3RD FL				i		<u></u>			
NAPI	LES FL 34103			83					
			}	84	City	FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statu	tes, the ab	iove	l e-named corp	poration submits this statement for the purpose of	changing i	ts registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorizea	DV	the corporation	ion's board of directors. I hereby accept the appoi	ntment as r	registered	
SIGNATURE									
				egistered Agent signature require 13.		ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	PD			1.1 TITLE		ABBITIONS/OFWAYOES TO STATES.	☐ Change		
NAME	THALHEIMER, SELDA		1.2 NA						
STREET ADDRESS	255 13TH AVE S				ADDRESS			ì	
CITY-ST-ZIP	NAPLES FL		1.4 CIT						
TITLE	SD	☐ DELETE	2.1 TIT				Change	e 🔲 Addition	
NAME	THALHEIMER, SANFORD C	- 1		ME					
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL	•		TY-S	ST-ZIP				
TITLE	VD	☐ DELETE	3 1 TIT	LE			Change	e 🔲 Addition	
NAME			3 2 NA	ME					
STREET ADDRESS	255 13TH AVE S		3.3 ST	REET	TADDRESS			l	
City-\$t-zip			3.4. CF	TY-S	ST-ZIP				
TITLE		☐ DELETE 4.1		.1 TITLE			Change	e Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STI	REET	T ADDRESS			i	
CITY-ST-ZIP			4.4 CIT	Y-S	T- ZIP				
TITLE		☐ DELETE	51 TITLE				Change	e Addition	
NAME I			5 2 NA	ME					
STREET ADDRESS			5.3 ST	REET	T ADDRESS			i	
CITY-ST-ZIP			5.4 CIT	Y-S	T-ZIP				
TITLE		☐ DELETE	6.1 TIT	ιE			Change	e	
NAME			6.2 NA	ME	ŀ				

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.

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP