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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 469575

1. Corporation Name

H & H INDUSTRIES LTD., INC.

Principal Plac	ce of Business	Mailing Address			•		KET EEUR INNAU NEU I	niani 41811 Blah Albi	I BIBIC BIBIC IABI
4200 N OCEA	N BLVD	P O BOX 19186							
SUITE 804 W WEST PALM BEACH FL 33416				i					
SINGER ISLAND FL 33404 US						DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or 0	Qualifed		
						03/17/1975	•		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-1579402		<u> </u>	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			نفده وناجي وناجي والماري	ه میجود شرخت		Additional
22		27				5. Certificate of Status De	sired 🗌		equired
City & Sta	ite	City & State			6. Election Campaign Fin	ancing	\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes	the current vea		
24	25	29	30			Personal Property Tax		Yes	□No .
<u></u>	9. Name and Address of Curre	ent Registered Agent				10. Name and Address o		red Agent	
LHAU	D. MANEO W.			81	Name				
	D, JAMES W			82					
	O'N OCEAN BLVD # 804 W			02	Street Addre	ess (P.O. Box Number is Not	Acceptable)		
SIN	GER ISLAND FL 33404			83				<u>(8) * 3 + 3 - 25 -</u> (8) \$1 5 (5) (1) (1)	Balti Sign (Bit)
				L.				3. 存在知识	學語數!
				84	City			85 Zip	Code
							ľ	<u> </u>	i i
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Stat	utos the a	20110	samed some	andina automita di la casa di d			
	to the provisions of Sections 607.05 registered agent, or both, in the State				named corpo	oration submits this statement	for the purpose	of changing its	registered
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig				named corpo he corporation	pration submits this statement n's board of directors. I hereb	for the purpose y accept the ar	e of changing its pointment as re	registered gistered
	im familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida State	ites.	ne corporation	n's board of directors. I nereb	for the purpose y accept the ap	e of changing its opointment as re	registered gistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	TE: Registered	ites.	named corpo he corporation	when reinstating)	y accept the ap	ppointment as re	gistered
'agent. I a SIGNATURE 12.	Im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	gations of, Section 607.0505, F gent and title if applicable. (NO	TE: Registered	Ites.	ne corporation	n's board of directors. I hereb	y accept the ap	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	gations of, Section 607.0505, F	TE: Registered	Agent s	ne corporation	when reinstating)	y accept the ap	ppointment as re	gistered
'agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W	gations of, Section 607.0505, F gent and title if applicable. (NO	TE: Registered 13. 1.1 TIT	Agent s	signature required t	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	gations of, Section 607.0505, F gent and title if applicable. (NO	TE: Registered 13. 1.1 TIT	Agent s	ne corporation	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W	gations of, Section 607.0505, F gent and title if applicable. (NO ND DIRECTORS	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI	Agent s	signature required	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	gations of, Section 607.0505, F gent and title if applicable. (NO	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI	Agent s LE ME REET AI	signature required	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	gations of, Section 607.0505, F gent and title if applicable. (NO ND DIRECTORS	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 1.4 CIT	Agent s LE ME REET A Y-ST-2	signature required	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	gations of, Section 607.0505, F gent and title if applicable. (NO ND DIRECTORS	TE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA	Agents LE ME REET AI Y-ST-2 LE ME	signature required	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	gations of, Section 607.0505, F gent and title if applicable. (NO ND DIRECTORS	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.2 NA 2.3 STI	Agent s LE ME REET AI Y-ST-2 LE ME REET AI	signature required to	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	gations of, Section 607.0505, F gent and title if applicable. (NO ND DIRECTORS	TE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA	Agent s LE ME REET AI Y-ST-Z LE ME REET AI	signature required to	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F part and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 22 NA 2.3 STI 2.4 CI 3.1 TIT	Agent s Agent s LE ME REET AI Y-ST-2 LE ME Y-ST-2 LE ME Y-ST-1	signature required to	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F part and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	Agents LE ME Y-ST-2 ME REET AI Y-ST-3 LE ME	DDRESS ZIP	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F part and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.4 CI 3.1 TIT 3.2 NAI 3.3 STF	LE ME REET AI	DORESS DDRESS	when reinstating)	y accept the ap	AND DIRECTO	PRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F pent and title if applicable. (NO IND DIRECTORS DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NAI 3.3 STF 3.4 CII 3.4 CII	Agents Agents	DORESS DDRESS	when reinstating)	y accept the ap	AND DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F part and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.2 NA 2.3 STI 3.2 NAI 3.3 STF 3.4 CTI 4.1 TITI	Agents Agents	DORESS DDRESS	when reinstating)	y accept the ap	AND DIRECTO Change Change	PRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F pent and title if applicable. (NO IND DIRECTORS DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 3.2 NAI 3.3 STF 3.4 CII 4.1 TITI 4.2 NA	Agents Agents LE ME REET AI Y-ST-2 E ME REET AI Y-ST-2 E ME	DORESS ZIP DORESS ZIP	when reinstating)	y accept the ap	AND DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F pent and title if applicable. (NO IND DIRECTORS DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 3.2 NAI 3.3 STF 3.4 CII 4.1 TITI 4.2 NA	Agents Agents LE ME REET AI Y-ST-2 E ME REET AI Y-ST-2 E ME	DORESS DDRESS	when reinstating)	y accept the ap	AND DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F pent and title if applicable. (NO LND DIRECTORS DELETE DELETE DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.2 NA 2.3 STI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT	Agents Agents LE ME REET AI LE ME REET AI	DORESS DORESS ZIP DORESS ZIP DORESS	when reinstating)	y accept the ap	AND DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F pent and title if applicable. (NO IND DIRECTORS DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.2 NA 2.3 STI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.1 TIT	Agent s Agent s LE ME REET AI Y-ST-2 LE ME REET AI Y-ST-2 E ME REET AI C-ST-2 E	DORESS DORESS ZIP DORESS ZIP DORESS	when reinstating) ADDITIONS/CHANGES	y accept the ap	AND DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F pent and title if applicable. (NO LND DIRECTORS DELETE DELETE DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.2 NA 2.3 STI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT	Agent s Agent s LE ME REET AI Y-ST-2 LE ME REET AI Y-ST-2 E ME REET AI C-ST-2 E	DORESS DORESS ZIP DORESS ZIP DORESS	when reinstating)	y accept the ap	AND DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F pent and title if applicable. (NO LND DIRECTORS DELETE DELETE DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAM	Agents LE ME REET AI Y-ST-2 LE ME REET AI Y-ST-2 E ME REET AI F F F F F F F F F F F F F	DORESS DORESS ZIP DORESS ZIP DORESS	when reinstating) ADDITIONS/CHANGES	y accept the ap	AND DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F pent and title if applicable. (NO LND DIRECTORS DELETE DELETE DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAM	Agonts Agonts LE ME REET AI LE ME REET AI LY-ST-2 LE ME REET AI LY-ST-2 LE ME REET AI LE ME REET AI LE	DORESS DORESS DORESS DORESS DORESS	when reinstating) ADDITIONS/CHANGES	y accept the ap	AND DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7 JUPITER FL	pations of, Section 607.0505, F pent and title if applicable. (NO LND DIRECTORS DELETE DELETE DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF 5.1 TITI 5.2 NAN 5.3 STR	Agents Ag	DORESS DORESS DORESS DORESS DORESS	when reinstating) ADDITIONS/CHANGES	y accept the ap	AND DIRECTO Change Change	RS IN 12 Addition Addition Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PT HIND, JAMES W 150 PINEVIEW RD F7	pations of, Section 607.0505, F part and title if applicable. (NO UND DIRECTORS DELETE DELETE DELETE DELETE	TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 2.2 NA 2.3 STI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAA 5.3 STR 5.4 CIT	Agont s Agont	DORESS DORESS DORESS DORESS DORESS	when reinstating) ADDITIONS/CHANGES	y accept the ap	AND DIRECTO Change Change Change	PRS IN 12 Addition Addition

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, appears in address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1 10 99 5U1-845-15CO

FILED

Jan 22, 1999 8:00am

Secretary of State

A CENTRA PERFORMANTA PERFORMANTA PERFORMANTA PERFORMANTA PERFORMANTA PERFORMANTA PERFORMANTA PERFORMANTA PERFORMANTA

01-22-1999 90040 010 ***150.00