## 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

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

1. Corporati	JMENT # 518851 OHEF, INC.			٠,				
Principal Pla	ce of Business	Mailing Address				OTOTA BIREL OLDIA ALDIA	BIEGO BOCIO IBRA	
C/O MARY S.		C/O MARY S. COSTANINO						
768 MIDDLE R		768 MIDDLE RIVER DR. FT. LAUDERDALE FL 33304	,	•	DO NOT WRITE IN	THIS SDACE		
, in Diopens,	ALL IL SUSOY	TI. CAUDENDALE TE 33304			3. Date Incorporated or Qualified	THIS SPACE	*.	7
					11/12/1976			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For	٦,
21		26	-		59-1703642	N	ot Applicable	]
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional	]
City & Sta	to.	City & State			-		equired	
23	are	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees	. رحد اد
Zip	Country	Zip	Country				to Fees	-
24	25	·	30		8. This corporation owes the current ye Personal Property Tax.	ar Intangible ☐ Yes	□No	
	9. Name and Address of Curren				10. Name and Address of New Registr	-		1
004	0T44F140 44464 0		81 N	Vame				1
	STANTINO, MARY S.		82 9	Street Addres	ss (P.O. Box Number is Not Acceptable)			-
	MIDDLE RIVER DRIVE LAUDERDALE, FLORIDA FL 3330					Care a ser mente e ceres	معدور ووديوني	
FI.	DAUDENDALE. FLORIDA FL 3330	4	83				<b>聯級機關</b>	
			84 (	City	- 1.0 年 新 (東山) - 1.47 年 (日本年) - 1.48 年 - 1.181日 - 1.48日 - 1.	85 Zip	Code	1
44 50		0 1007 1500 51 11 0				FL	. ,	]
omice or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was auf	thorized by the	amed corpor corporation	ration submits this statement for the purpor is board of directors. I hereby accept the a	se of changing its appointment as re	registered gistered	
agent. I c	am lamiliai with, and accept the congar	tions of, Section 607.0505, Flore	da Statutes.		•		,	
SIGNATURE	·	,					`	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent sig	nature required v	when reinstating) DAT		· · · · · · · · · · · · · · · · · · ·	(8)
	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE: F	Registered Agent sig	nature required v	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO		11/98)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: F	Registered Agent sig	inature required v	7970.00		DRS IN 12	4 (11/98)
SIGNATURE  12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN PTD COSTANTINO, MARY S.	at and title if applicable. (NOTE: F	Registered Agent sig 13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO		
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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.