May 10, 1999 8:00 am Secretary of State

05-10-1999 90113 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 519244

Corporation Name

H S SALES AND SERVICES, INC.

Principal Place	of Business	Mailing Address							
75 ISLA BAHIA	DR	PO BOX 22201			ŀ				
FT. LAUD FL 33		FT. LAUD FL 33335							
US		US			1	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qual	ited		
						11/30/1976	·		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	olied For
21		26	· _			<u>59-1708818</u>		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desire	d 🗆	\$8.75 A	
22		27				5. Certificate of Status Desire	<u> </u>	Fee Re	quired
City & State	3	City & State				6. Election Campaign Finance	ing 🗆	\$5.00	May Be
23		28			Trust Fund Contribution		Added to	Fees	
Zip	Country Zip		Country			8. This corporation owes the	current year In	tangible	
24	25	29	30			Personal Property Tax.		Yes	□Nø
(g. Name and Address of Curren	t Registered Agent	<u> </u>			10. Name and Address of No	w Registered	Agent	
				81 Na	ime				
ROBERT J HUNT 2200 CORPORATE BLVD NW			L						
			Į,	82 Str	eet Addres:	s (P.O. Box Number is Not Acc	eptable)		
STE 401			-	83		<u> </u>			
3343									
0010	''		Ī	84 Cit	у		FI	85 Zip C	ode
44 Durayant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	es the ah	ove-nar	ned corpora	ation submits this statement for	the purpose of	f changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au	uthorized	by the c	corporation'	s board of directors. I hereby a	ccept the appo	intment as reg	jistered
SIGNATURE					ature required wi	then reinstation)	DATE		
Signature, typed or printed name of registered agent and title if applica 12. OFFICERS AND DIRECTOR			13.	ngorit aigite	atore roduced to	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
TITLE	PTD	□ DELETE	1.1 TITL	F		7.0017707707707		☐ Change	Addition
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6.4 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

an address, with all other like empowered.

SIGNATURE:

officer or director of the corporation Block 12 or Block 13 if changed,

CITY-ST-ZIP