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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 521616

1. Corporation Name
HAPPY HOMES, INC. OF PINELLAS COUNTY

Principal Place of Business
**8001 STIMIE AVENUE NORTH
ST. PETERSBURG FL 33710**

Mailing Address
**8001 STIMIE AVENUE NORTH
ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1722607	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
USA		USA		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROTHMAN, SHELDON L. 8001 STIMIE AVE NORTH ST. PETERSBURG FL 33710				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				Treasure Island FL	
				85 Zip Code	
				33706	

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

Bea Beatty

3-26-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ROTHMAN, SHELDON L.	1.2 NAME	
STREET ADDRESS	8001 STIMIE AVE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	Pres
NAME	BEATTY, BEATRICE	2.2 NAME	
STREET ADDRESS	12588 CAPRI CIRCLE NO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	VP, Secty
NAME	BEATTY, STEVEN	3.2 NAME	
STREET ADDRESS	ONE MANGROVE POINTE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BIEGELSEN, LESLIE ROTHMAN	4.2 NAME	
STREET ADDRESS	5256 WYNTERHALL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEOODY GA 30338	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Treas
NAME		5.2 NAME	Edward Beatty
STREET ADDRESS		5.3 STREET ADDRESS	1261 Alexander Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bea Beatty

3-26-99

727-363-3626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #