. 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 # 526730 1. Corporation Name

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90065 022 ***150.00

	HNSUN MASUNHY, INC.								
Principal Place	e of Business	Mailing Address							
3030 FERNWOOD DRIVE 3030 FERNWOOD DRIVE BOYNTON BEACH FL 33435 BOYNTON BEACH FL 3343		5			DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed	OFROL		
						02/28/1977	•		
· · · · · · · · · · · · · · · · · ·	In a f Dunings	2a. Mailing Address				4. FEI Number	Apr	plied For	
2. Principal Place of Business		<u>├</u> ──┐				59-1707109		t Applicable	3
Cuite Ant # oto		Suite. Apt. #, etc.					\$8.75 A	dditional	्र
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired	Fee Required		
City & Stat		City & State			-	6. Election Campaign Financing	\$5.00	May Be	
¬ '		28				Trust Fund Contribution	Added to		
Zip	Country	Zip	Col	untry		8. This corporation owes the current year Int.	angible	,	
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
· · -	9. Name and Address of Currer					10. Name and Address of New Registered	Agent		
				81 N	lame				
JOH	nson, robert			82 S	treet Addr	ess (P.O. Box Number is Not Acceptable)			
	FERNWOOD DRIVE				, , Cot , Coo,	A CONTRACTOR OF THE PROPERTY O	* ****		
BOY	NTON BEACH FL 33435			83					
				84 C	Nib.	1	85 Zip C	Code	
					City	oration submits this statement for the purpose of	•		
agent. I a	im familiar with, and accept the obligations of the obligation of	ations of, Section 607.0505, Fib	niua sia	nuies.		on's board of directors. I hereby accept the appoi			
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registere	ed Agent sig	nature required	d when reinstating) DATE			ĝ
12.		ND DIRECTORS	Registere		nature required	d when reinstating)			1/08)
12.			13.		nature required		ND DIRECTO	DRS IN 12	-(41/98)
	OFFICERS AND PD JOHNSON, ROBERT	ND DIRECTORS	13.		nature required	ADDITIONS/CHANGES TO OFFICERS AN			034 (41/98)
TITLE	PD JOHNSON, ROBERT	ND DIRECTORS	13. 1.1 T 1.2 N	TITLE		ADDITIONS/CHANGES TO OFFICERS AN			2E034-(11/98)
TITLE NAME	OFFICERS AND PD JOHNSON, ROBERT	ND DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TITLE NAME	DRESS .	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	☐ Addition	CD2E034-(11/98)
TITLE NAME STREET ADDRESS	OFFICERS AT PD JOHNSON, ROBERT 3030 FERNWOOD DRIVE	ND DIRECTORS	13. 1.1 T 1.2 M 1.3 S 1.4 C	ITILE NAME STREET ADO	DRESS .	ADDITIONS/CHANGES TO OFFICERS AN			CP2E034-(41/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT PD JOHNSON, ROBERT 3030 FERNWOOD DRIVE BOYNTON BEACH FL	ND DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	I. TITLE NAME STREET ADO CITY-ST-ZIF	DRESS .	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	☐ Addition	CD2E034 (41/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD JOHNSON, ROBERT 3030 FERNWOOD DRIVE BOYNTON BEACH FL S JOHNSON, ARLENE	ND DIRECTORS	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M	TITLE NAME STREET ADX CITY-ST-ZIF	DRESS P	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	☐ Addition	CB2E034 (41/98)
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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: