PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 529934

1. Corporation Name

HIT PRODUCTS, INC.

Principal Place	of	Business

Mailing Address

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90113 049 \*\*\*150.00



3601 N 34TH AVE HOLLYWOOD FL 33021	3601 N 34TH AVE HOLLYWOOD FL 33021		DO NOT WRITE IN THIS	S SPACE	
			3. Date Incorporated or Qualifed 03/23/1977		
2. Principal Place of Business	2a. Mailing Address	,	4. FEI Number 59-1727516	Applied For Not Applicable	
Suite, Apt. #, etc.	26	- The state of the	5Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Co	untry	This corporation owes the current year In Personal Property Tax.	tangible Kal Yes □ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen				Agent	
BERK, STANLEY		81 Name			
3601 N. 34TH AVENUE HOLLYWOOD,, FLORIDA		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
		83			
,		84 City	FI	85 Zip Code	
		+		f changing its registered	

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Addition ☐ Change □ DELETE 1.1 TITLE TITLE BERK, STANLEY 1.2 NAME NAME 3601 N. 34TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE TSD 2.1 TITLE BERK. BARBARA 2.2 NAME NAME 3601 N. 34TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL. CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 changes of the analysis of the corporation of the receiver or trustee empowered.

SIGNATURE:

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERK 3/23/99 954-9614669

CR2E034 (11/98)