Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90102 001 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUN 1. Corporation	MENT # 557679					
H.L.T., IN	IC.					
Principal Place	of Rusiness	Mailing Address			DIEN BIDIK ENBIK BIDIK DIBIK KEDI	
768 VALE RD 818 N BOULEVA DELAND FL 327	ARD	768 YALE RD 818 N BOULEVARD DELAND N 32724		DO NOT WRITE IN THE	S SPACE	
US	-	US		3. Date Incorporated or Qualifed 01/19/1978		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 768	,	26 768 VALE	RD	59-1803712	Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	ND FL.	City & State  28 DEJ AND, F		6. Election Campaign Financing , Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 32 724	Country  25 US A	Zip 29 32724 3	Country	This corporation owes the current year In Personal Property Tax.	ntangible ≝Yes □No	
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent						
81 Name						
LAU, JEFFREY L 768 YALE RD			82 Street Address (P.O. Box Number is Not Acceptable)			
DELAND FL 32724			83			
	IND I D OLIZA					
			84 City	FI	85 Zip Code	
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State on In familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was autl ons of, Section 607.0505, Florid	, the above-named norized by the corpo a Statutes.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appointment of the purpose of the pur	pintment as registered	
SIGNATURE Where The PROSIDENT					9	
Signal of Moter Registered A of printing name of registered Aent and title if applicable. (NOTE: Registered A 12. OFFICERS AND DIRECTORS 13.				d Agent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ,	D OFFICERO AND	DELETE	1.1 TITLE	}	☐ Change ☐ Addition	
NAME	TIMKO, JEFFREY L.		1.2 NAME			
STREET ADDRESS	608 WESTCHESTER DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		*	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	Lau, Jeffrey L.		2.2 NAME			
STREET ADDRESS	768 YALE DRIVE		2.3 STREET ADDRESS		]	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		CT Addition	
TITLE )	D	☐ DELETE	3.1 TITLE	$\mathcal{V}$	☐ Change ☐ Addition	
NAME	HAYMAN, STEPHEN W.		3.2 NAME	HAYMAN, STEPHEN W. 948 TORCHWOOD OR. DELAND, FL. 32724		
STREET ADDRESS	-818 N. BLVD.		3.3 STREET ADDRESS	998 TORCHUODO DIK.		
CITY-ST-ZIP	DELAND FL	☐ DELETE	3.4. CITY-ST-ZIP	1) ELANU, M. 52729	Change Addition	
TITLE		□ pereie	4.1 IIILE 4.2 NAME			
I MAMC			■ C 1 P 977L	1		

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4,4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

☐ Change

Change

Addition

Addition