

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90081 035 ***150.00

DOCUMENT # 566464

1. Corporation Name

HAPPY DAZE UNLIMITED I, INC.

Principal Place of Business

90 EDGEWATER DR., PENTHOUSE #2
CORAL GABLES FL 33313
US

Mailing Address

90 EDGEWATER DR., PENTHOUSE #2
CORAL GABLES FL 33313
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1978

4. FEI Number

59-1796080

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 90 EDGEWATER DR.

Suite, Apt. #, etc.
301

23 CORAL GABLES, FL

Zip Country
33133 USA

2a. Mailing Address

26 90 EDGEWATER DR.

Suite, Apt. #, etc.
301

28 CORAL GABLES, FL

Zip Country
33133 USA

9. Name and Address of Current Registered Agent

SHERYL ALMAS
90 EDGEWATER DR., PENTHOUSE #2
CORAL GABLES FL 33313

10. Name and Address of New Registered Agent

81 Name
SHERYL ALMAS
82 Street Address (P.O. Box Number is Not Acceptable)
90 EDGEWATER DR. # 301
83 CORAL GABLES, FL 33133
84 City
FL 85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS ALMAS, SHERYL
CITY-ST-ZIP 90 EDGEWATER DRIVE PH2
CORAL GABLES FL 33313

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME P.
1.3 STREET ADDRESS ALMAS, SHERYL
1.4 CITY-ST-ZIP 90 EDGEWATER DR. # 301
CORAL GABLES, FL 33133

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 661-5238

0193380

CR2F034 (11/98)