## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

639198

(1)

HAZEL'S SAMPLES OF INDIALANTIC, INC.

Principal Place of Business	Mailing Address	
1000 N RAMONA AVE INDIALANTIC FL 32803	1090 N RAMONA AVE INDIALANTIC FL 32903	

**FILED** Mar 18 1998 8:00am Secretary of State



Partners of Plans	a at Dusiness		Maille Addans					!! # !U   D   B   E   E   E   U   U   U   U	
,	ce of Business		Mailing Addres				V		
1000 N RAM			1090 N RAMO						
INDIALANTIC	FL 32803		INDIALANTIC F	·L 328U3			DO NOT WRITE	IN THIS SPACE	
							3. Date incorporated or Qualified		
							10/10/1979		
	Place of Business	1	2a. Mailing Add	Iress			4. FEI Number	A	oplied For
21			26				59-1966129	N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #	V, etc.			5. Certificate of Status Desired		Additional
22			27					F86 H	equired
City & Stat	le		City & State				6. Election Campaign Financing		May Be
23			28		0		Trust Fund Contribution		to Fees
Zip	Country	` <b>!</b>	Zip		Country		8. This corporation owes or has pa		
24	9. Name and Addre		29	30	<u> </u>	<del></del>	Personal Property Tax due June  10. Name and Address of New Rec		No
-		es of Carrent M	agistered Agent	<del>"</del>	81	Name	10. Name and Address of New As	Aisraian whole	
	EANGELO, HAZEL					1401110			
	90 RAMONA AVE				82	Street Add	fress (P.O. Box Number is Not Acceptab	le)	
, IN	DIALANTIC FL				83				
					ုလ				
					84	City		85 Zip	Code
					للب			FL 80 ZIP	
	to the provisions of Sect	ions 607.0502 ar	1d 607.1508, Flor	ida Statules,	the above orized by	-named cor	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing I of the appointment as	ts registered redistered
TI. Pursuant office or I	registered agent, or both	. In the State Of F	ionda Sucii cha	noe was autr		LIEU CUIDUIA			
office or a agent. I a	registered agent, or both am familiar with, and acc	opt the obligation	is of, Section 607	nge was autr 7.0505, Florid	a Statutes		•		
office or a agent. I a SIGNATURE									
SIGNATURE	Signature, typed or printed name	of registered agent an	d toe if applicable		egistered Age		ired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name		d title if applicable	(NOTE: Re	egistered Age			DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name O	of registered agent an FEICERS AND D	d title if applicable		egistered Age 13. 1.1 TiTLE		ired when reinstating)	DATE	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name O PTD DEANGELO, HAZI	of registered agent an	d title if applicable	(NOTE: Re	13. 1.1 TITLE	nt signature requ	ired when reinstating)	DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE  12.  HITLE  NAME  STREET ADDRESS	Signature, typed or printed name O PTD DEANGELO, HAZI 1090 N RAMONA	of registered agent an	d title if applicable	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	ired when reinstating)	DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE  12.  IIILE  MAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name O PTD DEANGELO, HAZI	of registered agent an	d tire if applicable IRECTORS	(NOTE: RE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS	ired when reinstating)	DATE ERS AND DIRECTOR Change	RS IN 12
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.