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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90269 044 ***150.00

DOCL	JMENT	#	833077

1. Corporation Name

H & S PROPERTIES, INC.

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Principal Place	of Business	Mailing Address									
156 ALMERIA AV	Έ	156 ALMERIA AVE									
CORAL GABLES FL 33134		• · · ·	STE 200			DO NOT WRITE IN THIS SPACE					
US		CORAL GABLES FL 33134	•			3. Date	Incorporated or Qu				
		00					4/1974	-			
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI N				App	ied For
	ice of Eddinoss	26				59-1	561915			Not	Applicable
Suite, Apt. #	etc	Suite, Apt. #, etc.							\$8.	75 A	ditional
22	, 0.00.	27				5. Certifo	cate of Status Desi	red 🗌	F	ee Req	Jired
City & State		City & State		-		6. Election	on Campaign Finar	ncing	\$5	.00 N	vlay Be
23		28					Fund Contribution	icing	A	ided to	Fees
Zip	Coun.ry	Zip	Cour	ntry		8. This c	corporation owes th	e current ye	ear Intangible		,
24	25	29	30			Perso	nal Property Tax.		Ye	s [No
	9. Name and Address of Curr	ent Registered Agent				10. Name	and Address of	New Regis	tere d Agent		
				81	Name						
HATF	ield, robert L.			82	Street Ad	Idress (P.O. Bo	x Number is Not A	cceptable)			
	ILMERIA AVE STE 200			32	oueer no	30.033 (1 .0. 00	A Humber 15 Hotel				
CORA	AL GABLES FL 33134		ļ	83							
			1						85	Zip C	
				84	City				FL °°	Zip C	, de
i e						eneration cube	nits this statement t	or the num	ose of chance	na its r	ragistored
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ues, the at	oove-r	named co	arporation subm	mb tine diatement	or rue barbi	Dae al chang	119 100 1	ağısteren
office or re-	the provisions of S∈ctions 607.0 gistered agent, or both, in the Sta	te of Florida, Such change was	Buthorized	by th	named co le corpora	tion's board of	cirectors. I hereby	accept the	aprointment	as reg	stered
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CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 composition 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 chargest for on an attact train with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRLISS