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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000260

1. Corporation Name

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90197 029 ***150.00

HAIL BE	AHING SERVICE CORPORA	THON					: 					
												ANIA ARN IDDI
Principal Place	e of Business	Mailing Address										
2510 PROFESSIONAL ROAD RICHMOND VA 23235		2510 PROFESSIONAL RO RICHMOND VA 23235	AD									
						<u> </u>	DO NOT WRITE IN THIS SPACE					
						3.	O1/17/1995	ted or Qualife	ed			
2 Principal P	are of Business	2a, Mailing Address				4.	FEI Number				Ar	plied For
Principal Place of Business 21		26			'	54-1741259)				t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		_							8.75	\dditional
22	.,	27				5.	Certificate of St	atus Desired			Fee Re	quired
City & State	3	City & State				€.	Election Campa	aign.Financin	9 —		\$5.00	May Be
23	_	28				}	Trust Fund Cor	ntribution	۳ <u>–</u>		Added 1	o Fees
Zip	Country	Zip	Cou	intry		8.	This corporatio	n owes the cu	urrent yea	r Intangi	ble	
24	25	29	30				Personal Prope	erty Tax.			Yes	No.
	9. Name and Address of Currer	nt Registered Agent		ļ		10.	Name and Ad	dress of New	v Registe	red Age	nt	
	00047044 0447544			81	Name							
	ORPORATION SYSTEM			82	Street /	Address (F	P.O. Box Numbe	r is Not Acce	ptable)			
	SOUTH PINE ISLAND ROAD			L					·			
PLAN	ITATION FL 33324			83								
				84	City						5 Zip (:ode
				**	City				ſ	⊦∟∣	1	
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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 from an officer or director of the corpora ion or the receiver or trustee empowered to execute this report as recluired 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