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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002907

1. Corporation Name

~~HUGS-NOT-DRUGS FOUNDATION INC.~~  
FLI, INC. ✓

Principal Place of Business  
75 NE 6TH AVE., STE. 114  
DELRAY BEACH FL 33483

Mailing Address  
75 NE 6TH AVE., STE. 114  
DELRAY BEACH FL 33483



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		06/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0694625	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30		

9. Name and Address of Current Registered Agent

RUTH HARRIS-SHAW  
75 N.E. 6TH AVE #114  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Ruth Harris-Shaw, Exec. Director Katherine Harris-Shaw 5/1/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>CPD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	EXECUTIVE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS-SHAW, RUTH	1.2 NAME	
STREET ADDRESS	75 NE 6TH AVE., STE. 114	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR/SECRETARY TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, JULIAN	2.2 NAME	JOHN HARRIS
STREET ADDRESS	9057 ELLIOTTVILLE AVE.	2.3 STREET ADDRESS	105 BURNING TREE LANE
CITY-ST-ZIP	ATHENS OH 45701	2.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, EDWARD S	3.2 NAME	GRACE WITWER HOUSHOLDER
STREET ADDRESS	4740 N.E. 22ND AVE.	3.3 STREET ADDRESS	816 MOTT STREET
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	KENDALLVILLE, IN 46755
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MURRAY RUBIN
STREET ADDRESS		4.3 STREET ADDRESS	P.O. BOX 30469
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LOS ANGELES, CA 90034
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MS. ELKE GAZZARA
STREET ADDRESS		5.3 STREET ADDRESS	1080 MADISON AVENUE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NEW YORK, NY 10068
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Katherine Harris-Shaw 5/1/99 561-266-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)