

07221999-90013-030-\$150.00-\$150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 2003.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # **G57839** ✓

1. Corporation Name

HAWTHORNE/HOUSE ADVERTISING, INC.

Principal Place of Business

6261 NW 6TH WAY
SUITE 101
FT LAUDERDALE FL 33309

Mailing Address

6261 NW 6TH WAY
SUITE 101
FT LAUDERDALE FL 33309

NOTE;
New
Address!

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1983

4. FEI Number

59-2317608

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.

☐ Yes ☒ No

2. Principal Place of Business

21 150 NW 70th Ave

Suite, Apt. #, etc.

22 Ft. Lauderdale

City & State

23 FLORIDA

Zip

24 33317

Country

25 Broward

2a. Mailing Address

26 150 NW 70th Ave

Suite, Apt. #, etc.

27 Ft. Lauderdale

City & State

28 FLORIDA

Zip

29 33317

Country

30 Broward

9. Name and Address of Current Registered Agent

BEYER, GERALD
STE. 200
2691 E OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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)

7/14/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME HAWTHORNE, BRANDON

STREET ADDRESS 232 S. FIG TREE LANE

CITY-ST-ZIP PLANTATION FL

TITLE VT ☐ DELETE

NAME HOUSE, MIKE

STREET ADDRESS 200 W. TROPICAL WAY

CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99 (954) 581-0606
(Mike House, V.T.)

Daytime Phone #

CR2E034 (5/99)

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90013 030 ***150.00





HAWTHORNE/HOUSE ADVERT

Since 1968

G57839
604671-90002-170

July 14, 1999

Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Request to Waive Late Fee

Dear Department of State:

We recently received our 1999 Annual Reports Filing Document #G57839, FEI NUMBER 59-2317608 and noticed that a \$400 late fee was assessed.

I am writing to respectfully request that this late fee please be waived for three reasons:

- 1) We have no record of ever receiving the first notice.
- 2) I just started my new position as bookkeeper for this small business on February 22, 1999 and was not aware of this required filing.
- 3) We moved to new offices earlier this year and--as a result--some of our mail has not been properly forwarded to our new address. (Please see our new address shown on this letterhead.)

In light of the circumstances above, I am asking that you please waive the \$400 late fee. In the meantime, I am enclosing payments of \$61.25 (Annual Report Fee) and \$88.75 (Corporation Supplemental Fee) totalling \$150.00.

Thank you in advance for whatever assistance you can provide. Your understanding would be greatly appreciated.

Sincerely,

Shelly Boegel
Office Manager