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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **G79217**

1. Corporation Name

FILED
Jan 22, 1999 8:00am
Secretary of State
01_22_1999 90048 044 ***150 00

	E COUNTY HOOFING, INC.							
	e of Business	Mailing Address						
2699 OLD WINTER GRDN RD. 2871 EUSTON RD ORLANDO FL 32805-8125 WINTER PARK FL 32789								
US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 01/17/1984			
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21	add of business	26			59-2365766			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27		-	5. Certifcate of Status Desired			Required
City & Stat	City & State City & State				6. Election Campaign Financing		\$5.0	May Be
23		28		1	Trust Fund Contribution	<u> </u>	Adde	d to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	-		<b></b>
24	25 25 Address of Current	<del></del>	30		Personal Property Tax.  10. Name and Address of New Ro		Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Ki	egistered A	gent	
WIEL	AND RUTH D.				····		·	
<sup>321,3</sup> 3104	B12 HARRISON AVE		82	Street Add	fress (P.O. Box Number is Not Acceptat	ole)		
ORL	ANDO FL 32804		83				<del>- :</del> .	Q. 121 E.
				0:4	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	* * * * * * * * * * * * * * * * * * * *	  as   7:-	13/34
No. of the second			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	s, the above	-named corp	poration submits this statement for the p	urpose of c	hanging i	ts registered
office of t	registered agent, or both, in the State of	or Florida. Such change was au	itnonzed by	tne corporati	ion's board of directors. I hereby accept	tne appoint	ment as	registerea
🔨 agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statutes.					
¹\ agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statutes.					
'\ agent. I a	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent		ed when reinstating)	DATE		
3 agent. I a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agent		ed when reinstating)  ADDITIONS/CHANGES TO OFF			
SIGNATURE  12.	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE:	Registered Agent 13. 1.1 TITLE		ed when reinstating)		DIRECT	
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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 I am an officer or director of the corporation of 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)