

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

WE DID NOT RECEIVE
RENEWAL NOTICE

DOCUMENT # **687452 (7)**

1. Corporation Name

HE'S ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**2200 W. GLADES RD. SUITE 907
BOCA RATON, FL 33431**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CHARNIZON, MARILYN
2577 NW 52 STR
BOCA RATON FL 33496**

3. Date Incorporated or Qualified

3a. Date of Last Report

1-10-84

05/01/1995

4. FEI Number

59-2391916

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82

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

83

84 City

FL

85

Zip Code

11. I consent 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CHARNIZON, MARILYN
2577 NW 52 STR
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CHARNIZON, SUAN
17060-9 EMILO STREET
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP
BRECHER, KENNETH
17060-9 EMILO STREET
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 appointment with an address.

SIGNATURE:

MARILYN CHARNIZON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**400001851374
-06/05/96--01022--032
***200.00**

05-01-96 08

4/25/96 407-241-9144

CR2E034 (12/95)