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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

. Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G88773 1. Corporation Name

LUV THEM BIRDS, INC.

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90010 022 ***150.00



rincipal Place of Business	Mailing Address		Ļ	+
KATHLEEN S. HARRING	% KATHLEEN S. HARRING			•
2620 S.W. 134 AVE.	22620 S.W. 134 AVE.		DO NOT WRITE IN T	THIS SPACE
OULDS FL 33170	GOULDS FL 33170		3. Date Incorporated or Qualifed	
•			02/24/1984	
			4. FEI Number	Applied For
Principal Place of Business	2a. Mailing Address		59-2380830	Not Applicat
	26			\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
	27		6. Election Campaign Financing	\$5.00 May Be
City & State	City & State	•	Trust Fund Contribution	Added to Fees
3	28			ar Intangible
Zip Country	Zip	Country	Personal Property Tax.	Yes No
25	29 30	<u> </u>	Personal Property Tax.	ered Agent
9. Name and Address of Current	t Registered Agent		10. Name and Address of How Hoge	<u></u>
9. Name unit	ŀ	81 Name		## Standing ## St
SZABO, KATHLEEN		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
22620 SW 134 AVE.		02	A CARLO CARLO CONTRACTOR OF THE CONTRACTOR OF TH	1.75 - 3.5
GOULDS FL 33170		83		时 数14时以致
GOOLDS FE 35 110		<u> </u>	The state of the s	85 Zip Code
		84 City		FL!
11. Pursuant to the provisions of Sections 607.030 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by the corpora a Statutes.	Holl's board of ansesses	
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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 conforation 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 changes, on on an attachment with an address, with all other like empowered.

SIGNATURE: