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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # G92060



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90023 023 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	n Name								
HENART	, INC.					<b>,</b>			
						# ! <b>00</b> #11% <b>0313</b> (011 <b>8</b> 11 <b>01) 3011 0</b>		ERCH (1811 B)	
Principal Place	e of Business	Mailing Addre	ess	_		- I (##Itti para rama um) um) anna ainn	9847 91 <b>9</b> 44 <b>9</b> 1811	# # # # # # # # # # # # # # # # # # #	
C/O ARTHUR N. EGGERS C/O ARTHUR N. EGGERS									
P. O. BOX 1407 P. O. BOX 1407						DO NOT WRITE IN THIS SPACE			
THONOTOSASS	SA FL 33592	THONOTOSAS	SA FL 33592			3. Date Incorporated or Qualifed	IN ITIO OF	-ACE	7
						03/20/1984			
2 Principal Pl	lace of Business	2a, Mailing Ad	ddress	_	<del></del>	4. FEI Number		Арр	lied For
21		26				- 59-2389975		Not	Applicable -
Suite, Apt.	#, etc.	Suite, Apt	#, etc.			5. Certifcate of Status Desired		\$8.75 A	1
22		27				5. Certificate of Status Desired		Fee Req	uired
City & State	e	City & Sta	ate			6. Election Campaign Financing		\$5.00 N	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the curren			⊒No [
24	25	29	30		-	Personal Property Tax.  10. Name and Address of New Re			
	9. Name and Address of Curre	nt Registered Agei	<u>n</u> t	81	Name	10. Italie aliu Addiess of New No.	giotorou rig		
EGG	ERS, ARTHUR N.					· · · · · · · · · · · · · · · · · · ·			
	JACKSON STREET		82			ss (P.O. Box Number is Not Acceptabl	e) 		State Branch
TAM	PA FL 33602			83	<del></del>		19.35.44		
						2 2 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	41 CH 11	85 Zip C	AL PROPERTY
				84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Fi	lorida Statutes, the	e above	named corpo	ration submits this statement for the pu	rpose of ch	anging its r	egistered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chations of Section 60	iange was authori 07.0505, Florida S	ized by ti Statutes.	ne corporatio	n's board of directors. I hereby accept to	ine appointn	nent as reg	istered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I			(NOTE: Regist	tered Agent	signature required	when reinstating)	DATE		20.111.42
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	1	<u> 13.</u>		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RSIN 12 I
TITLE	DP SCARPO, ARTHUR		DELETE		I .	17			
NAME	I SLARPIT ARTHUR	L		.1 TITLE				Change	☐ Addition
			1.	.2 NAME	ADDRESS	777 7 7			
STREET ADDRESS	8707 W. KNIGHTS GRIFFIN RI		1. 1.	.2 NAME .3 STREET					
CITY-ST-ZIP		D.	1. 1.	.2 NAME .3 STREET /			[		
CITY-ST-ZIP	8707 W. KNIGHTS GRIFFIN RI	D.	1. 1. 1. DELETE 2	.2 NAME .3 STREET			[	Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	8707 W. KNIGHTS GRIFFIN RI	D	1. 1. 1. 1. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. DELETE 4.	2 NAME 3 STREET/ 4 CITY-ST- 21 TITLE 22 NAME 3 STREET/ 4 CITY-ST 31 TITLE 32 NAME 33 STREET/ 34 CITY-ST 34 STREET/ 34 CITY-ST 34 STREET/ 34 CITY-ST	ADDRESSZIP		[ [ [ - 4] <sub>2</sub>	Change Change	Addition  Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	8707 W. KNIGHTS GRIFFIN RI	D	1. 1. 1. 1. 1. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. J DELETE 4. 4. 4. 4. 4. 5. 5. 5.	2 NAME  3 STREET / 4 CITY-ST  1 TITLE  2 NAME  3 STREET / 4 CITY-ST  3 TITLE  3 NAME  3 STREET / 4 CITY-ST  1 TITLE  4 NAME  4 CITY-ST  1 TITLE  5 NAME  5 NAME  6 STREET /  6 NAME  6 STREET /  6 NAME  6 STREET /  6 NAME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS		- 4, 1127 美元 138 - 4, 113 - 4, 113 138 - 4, 113 - 4, 113 148 - 4, 113 - 4, 113	Change Change Change	Addition  Addition  Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	8707 W. KNIGHTS GRIFFIN RI	D	1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. DELETE 4. 4. 4. 4. 4. 5. 5. 5.	2 NAME 3 STREET / 4 CITY-ST 1 TITLE 22 NAME 23 STREET / 4 CITY-ST 34 TITLE 32 NAME 33 STREET / 44 CITY-ST 44 CITY-ST 44 CITY-ST 45 TITLE 45 NAME 46 CITY-ST 46 CITY-ST 46 CITY-ST 47 TITLE 52 NAME	ADDRESS -ZIP		- 42 - 42 - 32 - 32 - 32 - 32 - 32 - 32	Change Change Change	Addition  Addition  Addition
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14. 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 or an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Daytime Phone #