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 # H75714

1. Corporation Name

STRAIGHT WIRE, INC.

Driver at Disease of Business

Mailing Address

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90045 030 ***150.00



Principal Place	or business	Mailing Address				
% STEVEN HILL		% STEVEN HILL				
1909 HARRISON STREET #208 1909 HARRISON STREET #208			RE .	DO NOT WRITE IN THI	S SPACE	
HOLLYWOOD FL	_ 33020	HOLLYWOOD FL 33020		3. Date Incorporated or Qualifed		
Į				09/12/1985		1
a Discount Di	f Duning	2a. Mailing Address _		4. FEI Number	I Ann	lied For
_ ^ ^ -	ace of Business Scott Street	7032 500	HS4	59-2586136	<u> </u>	Applicable
21 0035	<u>, coo i. Si i </u>	26 2032 500 Suite, Apt. #, etc.	<u>vi </u>	39 2300 100	\$8.75 A	
Suite, Apt. #	F, etc.	 		5. Certifcate of Status Desired	Fee Rec	,
City & State		City & State		6. Election Campaign Financing	\$5.00 N	Any Ro
City & State	JUIDOD FI	28 HOTHWELL	1 E/	Trust Fund Contribution	Added to	· .
23 770 // S	Country	Zip Jip	Country	8. This corporation owes the current year I	ntangible	
24 3300		29 33020 30	¬ 12 `)	Personal Property Tax.		□No
24 31.500	9. Name and Address of Curre			10. Name and Address of New Registere	d Agent	
	5. Junio and Address of Carre		81 Name			
HILL,	STEVEN					
1909 HARRISON ST.,#208				dress (P.O. Box Number is Not Acceptable)]
	YWOOD FL 33020		83	a sour same	-	
			100			
			84 City	lyword F	85 Zip C	
			HUI			acistored .
l office or re	soistered agent or both in the State	e of Florida. Such change was auth	norized by the corpora	orporation submits this statement for the purpose atton's board of directors. I hereby accept the app	ointment as reg	istered
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes.	• • • •		
SIGNATURE	r					
	Signature, typed or printed name or registered ago		egistered Agent signature requ		AID DIDECTOR	3C IN 42
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	CPD CTD CTD	☐ DELETE		TITI GALLON		
NAME	HILL, STEVEN		1.2 NAME	2032 500# St. Ho/140000 F1 3302		l
STREET ADORESS	1909 HARRISON ST.,#208		1.3 STREET ADDRESS	1032 John 51 33/=	200	ļ
CITY-ST-ZIP	HOLLYWOOD FL			HOTIGHOUSE PI DOE		- Addition
TITLE	TS	☐ DELETE	2.1 TITLE	0	☐ Change	☐ Addition
NAME	HILL, HERBERT		2.2 NAME			ĺ
STREET ADDRESS	1022 JEFFERSON ST		2.3 STREET ADDRESS			
Crty-st-ziP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4,2 NAME			j
STREET ADDRESS			4.3 STREET ADDRESS		•	Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
1 1			5,4 CITY-ST-ZIP		•	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change	Addition
1			6.2 NAME			_ `
NAME			6.3 STREET ADDRESS			
STREET ADDRESS					•	
1 OF 72 VEIO 1			64 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 suppliemental 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 trusted 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.