## 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

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90028 047 \*\*\*150.00

## **DOCUMENT # K12571** 1. Corporation Name

HAPPY HISTORY, INC.

P.Q. BOX 2160

Mailing Address

RONBOX 276Q

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BOCK-BATON FL 33427	BOGA RATON PE 33427		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed 01/19/1988	
2. Principal Place of Business 21 R.O. Box 880048	2a. Mailing Address 26 P.O. BOX 8804	548	4. FEI Number 06-0947848	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Raton, Florida	City & State  Raton, FL.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 <b>38488 - 3048</b> 25	Zip Cou	intry	This corporation owes the current year leading Personal Property Tax.	ntangible ☐ Yes ☐ No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	d Agent
BRESLOW ARON 7683 ESTRELLA CIRCLE		81 Name 82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33433		83	<del></del>	
		84 City	F	L 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.</li> </ol>	of Florida. Such change was authorized	l by the corporation	ration submits this statement for the purpose on submits this statement for the purpose of submits board of directors. I hereby accept the appropriate the submits the submits and submits the submits and submits the submits	of changing its registered ointment as registered

office or re agent. I a	egistered agent, or both, in the State of Florida. Such change was autr m familiar with, and accept the obligations of, Section 607.0505, Florid	iorized by the corpo a Statutes.	ration's board of directors, I hereby accept the appointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	D DELETE	1.1 TITLE	Change	Addition
NAME	BRESLOW, ARON	1.2 NAME		
STREET ADDRESS	7683 ESTRELLA CIR	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	D DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	BRESLOW, MARJORIE B.B.	2.2 NAME		
STREET ADDRESS	7683 ESTRELLA CIR	2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	□ DELETÉ	3.1 TITLE	- · · · Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		·
CITY-ST-ZIP		3.4. CITY- ST- ZIP		
IIITE	☐ DELETE	4.1 πTLE	☐ Change	Addition
NAME		4. 2 NAME		į
STREET ADDRESS		4.3 STREET ADDRESS		}
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		ĺ
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		l
CAY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE: HRUSBRIGGEDREAR NUBRES LOW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR