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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 05 1998 8:00am Secretary of State

| Principal Place -C/9 WESTS 1535 & E 17   | ce of Business  HIP-INC  THE STE 205  DALE FL 33316                           | <del>-0/</del> 0<br>153                          | ing Address  D WESTSHIP INCO S S. E 17TH ST ST LAUDERDALE FL S   |   |   |  | DO NOT WRITE                           | E IN THIS      |   |  |
|--|---|--|--|---|---|--|--|----------------|---|--|
|  |   |  |  |   |   | 04/27/19   |  |                |   |  |
| 2. Principal   | Place of Business   | 2a. N  | Mailing Address  |   |   | 4, FEI Number  |  |                | _ <del>                                    </del> | pplied For   |
| 21   |   | 26   |  |   |   | 65-0158  | 1715                                   |                |   | t Applicable   |
| Sulte, Apt   | : #, <b>e</b> t¢.   | 27   | Suite, Apt. #, etc.  |   |   | 5. Certificate of  | Status Desired                         |                | \$8.75 /<br>Fee Re                                |  |
| City & Sta   | ile   | (  | City & State   |   |   | 6. Election Can  | npaign Financing                       | _              | \$5.00  |  |
| 23   |   | 28   |  |   |   | Trust Fund C   | ontribution                            | <u> </u>       | Added   | to Fees  |
| <sup>Ζɨρ</sup>   | Country   | • • • • • • • • • • • • • • • • • • •            | <b>z</b> ib  | Country   | У   | ,  | tion owes or has p                     |                |   | angible<br>TNo   |
| 24   | 25<br>9. Name and Address of  | 29   | red Agent  | [30]  |   |  | perty Tax due Juni<br>Iddress of New R |                |   |  |
|  | LARK, THOMAS M.   | of Current neglate                               | red Agent  | 81  | Name  | IO, Hallie dilo A  | COULOGO OF THOM TO                     | -giotoroa      | - Bour  |  |
|  | LAMR, THOMAS M.<br>100 EAST COMMERCIAL I                                      | RI VD  |  |   | 0   | (0.0.0.1)  |  | de Le V        |   |  |
|  | TE <b>82</b> 0  | DLVU   |  | 82  | Street Ad   | dress (P.O. Box Numi   | per is Not Accepta                     | ible)          |   |  |
|  | r. <b>Lau</b> derdale fl 33308  | 3  |  | 83  | <del> </del>  |  |  |                |   |  |
| • •  |   |  |  | 84  | City  |  |  |                | 85 Zip  | Code   |
|  |   |  |  | °4  | City  |  |  | FL             | .   <b>65</b>   <u>21</u> p                       | COOB   |
|  | registered seemt or both in   |  | . ISOO, I IONGA SIAI   | atou. The above   | re-named co   | rporation submits this   |  |                |   |  |
| office or<br>agent I<br>SIGNATURE  |   |  | . Such change wa<br>Section 607.0505,  | s authorized b<br>Florida Statute   | y the corpor<br>es.   | ation's board of direc   | tors. I hereby acce                    | opt the app    | ointment as                                       |  |
| office or<br>agent. I  | Signature, typed or pented name of re-  |  | . Such change wa<br>Section 607.0505,<br>applicable (N   | s authorized b<br>Florida Statute   | y the corpor<br>es.   | ation's board of direct  | tors. I hereby acce                    | DATE           | DIRECTOR  | RS IN 12   |
| office or<br>agent. I<br>SIGNATURE   | Signature, typicd or printed name of re-<br>OFFIC                             | igistered agent and tele if a<br>CERS AND DIRECT | i. Such change wa<br>Section 607.0505,<br>applicable (N  | s authorized b<br>Florida Statute<br>OTF Registered Ag  | y the corpor<br>es.   | ation's board of direct  | tors. I hereby acce                    | DATE           |   |  |
| office or<br>agent I<br>SIGNATURE<br>12.<br>TITLE<br>NAME  | Signature, typied or printed name of re-<br>OFFIC<br>DPT<br>POSTMA, HERBERT F | sgistered agent and licle if. DERS AND DIRECT    | . Such change wa<br>Section 607.0505,<br>applicable (N   | S authorized b Florida Statute OTE Registered Ag 13. 1.1 TITLE 1.2 NAME   | y the corpor  | ation's board of direct pured when reinstating)  ADDITIONS/C   | HANGES TO OFFI                         | DATE           | DIRECTOF<br>Change                                | RS IN 12   |
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