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 SECRETARY OF STATE DIVISION OF CORPORATIONS

99 NOV -3 AM II: 36

DOCUMENT #L24484

1. Corporation Name
HE.N.I. ENTERPRISES, INC

Principal Place of Business	Mailing Address	DEINIGTA	TEMENI	דיאד
181 NURMI DRIVE	\u00ab	REINSTA		
FT LONDONNE, FW 33301	SVIK		DO NOT WRITE IN TH	IIS SPACE
LI. COMMINIME, 1 09 22301			3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address		10 23 89 4. FEI Number 0 2 0 0	Applied For
21 181 HURMI DRIVE	26 Jame		165-17193835	Not Applicable
Suite: Apt #, etc.	Suite, Apt. #, etc.	··	5. Certificate of Status Desired	\$8.75 Additional
[22[27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 FT LANGUAGE Country	28 PURID	Country	8. This corporation owes the current year	Added to Fees
24 33301 25 1154	29 333301	30 VX	Personal Property Tax.	Yes No
9. Name and Address of Current			10. Name and Address of New Registere	d Agent
HRNRY OLMINO 1313 FAST LOS OLAS (B1 Name	BNR1 Ormino	
1312 CAST LAS MILE (21110		ass (P.O. Box Number is Not Acceptable)	
7 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0-1	83 181	TURMI DRIVE	
17 Nondergale TO 35501				
<u>}</u>		e4 City	(Aux Mandolo F	L 85 3850%
11. Pursuant to the provisions of Sections 607.050%	and 807.1508, Florida Statute	s, the above named corpo	ration submits this statement for the purpose	of changing its registered
11. Pursuant to the provisions of Sections 607.0508 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am families with and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	min		ea (C	11/99
Signature, typed or printed days of registeres egent. 12. OFFICERS AND	and title if applicable. (NOTE:	Registered Agent fignature required 13.	when reinstating) DAZE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
HENRY OXINIOU	DELETE	1.1 TILE P D	ADDITIONS/CFANGES TO OFFICE NO	Change Addition
NAME 181 NURMI DRI	- · ·	12 NAME		
		1.3 STREET ADDRESS		
Cri 1-31-21-	<u> </u>	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREEF ALIORESS CITY-ST-ZIP		2.3 STREET ADDRESS 2.4 City-St-ZiP		
TITLE	☐ DELETE	3.1 TITLE	00000304	Carendo DAddinon
NAME		32 NAME		-01017020
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CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		!
STREET ADDRESS		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		_ • -
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		52 NAME		An
STREET ADDRESS		6.3 STREET ADDRESS		-4
City-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 enjoyates empowered to execute this report as required by Chapter 60). Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment of the corporation or the corporation of the corporation or the corporation of the c

SIGNATURE: