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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L39846**

1. Corporation Name

, , , , <u>, , , , , , , , , , , , , , , </u>	HNULUGIES, INC	•							
Principal Place of Business	Mailing A	Address				(4) 4 1 4 4 4	NA Aust Brait At	ESI BIBII BIBII E	(E) 8 B 18 B
7705 TECHNOLOGY DR	7705 TEC	HNOLOGY DR							
P. O. BOX 130 PO BOX 130						DO MOT WO	ALTUC	CDACE	
W MELBOURNE FL 32904 W MELBOURNE FL 32904						DO NOT WRITE IN THIS SPACE			
US	US				Į	3. Date Incorporated or Qualifed			1
						12/26/1989		1 000	plied For
2. Principal Place of Business	<u> </u>	ng Address				4. FEI Number			t Applicable
21	26	. Apt. #. etc.				59-3071042		\$8.75 A	
Suite, Apt. #, etc.	— —					5. Certifcate of Status Desired		Ψυ.ιυ.Α Fee.Re	II.
City & State		& State				6. Election Campaign Financing		\$5.00	May Re
¬ ·	28	a Otato			Į	Trust Fund Contribution		Added to	
Zip Country	Zip		Countr	,		8. This corporation owes the curr	ent vear Int	anaible	
24 25	29	Ė	30		}	Personal Property Tax.		Yes	⊠No
9. Name and Address						10. Name and Address of New I	Registered .	Agent	
			81	Name					
LEWIT, SCOTT M.			82	Stroot A	Addross	(P.O. Box Number is Not Accepta	able)		
7705 TECHNOLOGY DR.			62	Sileera	AUGI GOS	(F.O. BOX (Validation is 140) Accopu			
W. MELBOURNE FL 32904			83						
								85 Zip 0	Code
			84	City			FL	85 Zip 0	J00e
11. Pursuant to the provisions of Section office or registered agent, or both, in agent. I am familiar with, and accept	the State of Florida, Su-	ch change was au	thorized by	the corpor	ration's	board of directors. I hereby accept	ot the appoi	ntment as req	gistered
SIGNATURE Signature, typed or printed name of re		on 607.0505, Flori	da Statute:	S. Int signature rec		en reinstating)	DATE		
SIGNATURE Signature, typed or printed name of re		on 607.0505, Flori	Registered Age	5.			DATE	D DIRECTO	PRS IN 12
SIGNATURE Signature, typed or printed name of recommendation. 12. OFFI	egistered agent and title if applica	on 607,0505, Flori	da Statute:	5.		en reinstating)	DATE		
SIGNATURE Signature, typed or printed name of recognition 12. OFFI	egistered agent and title if applica	on 607.0505, Flori	Registered Age	s. ont signature rec		en reinstating)	DATE	D DIRECTO	PRS IN 12
SIGNATURE Signature, typed or printed name of recommendation. 12. OFFI	egistered agent and title if applice ICERS AND DIRECTOR	on 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME	s. ont signature rec		en reinstating)	DATE	D DIRECTO	PRS IN 12
SIGNATURE	egistered agent and title if applice ICERS AND DIRECTOR	on 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME	s. ont signature red T ADDRESS		en reinstating)	DATE	D DIRECTO ☐ Change	PRS IN 12
SIGNATURE Signature, typed or printed name of recommendation of the second sec	egistered agent and title if applice ICERS AND DIRECTOR	on 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	s. T ADDRESS ST-ZIP		en reinstating)	DATE	D DIRECTO	PRS IN 12
SIGNATURE Signature, typed or printed name of recognition of the signature. 12. OFFI TITLE CEOD NAME REICHARD, RONNAL F 788 ACACIA AVENUE CITY-ST-ZIP MELBOURNE VILLAGE	egistered agent and title if applice ICERS AND DIRECTOR	on 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. T ADDRESS ST-ZIP		en reinstating)	DATE	D DIRECTO ☐ Change	PRS IN 12
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SIGNATURE 12. OFFI TITLE CEOD NAME REICHARD, RONNAL A STREET ADDRESS OTTY- ST-ZIP NAME PTD LEWIT, SCOTT M. 1975 RIVERSHORE DF CITY-ST-ZIP *INDIALANTIC FL	egistered agent and title if applice ICERS AND DIRECTOF P. FL	on 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE	s. int signature rec		en reinstating)	DATE	D DIRECTO Change	PRS IN 12 Addition
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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 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 pn an attachment with an address, with all other like empowered. PRESIDENT

or

6.4 CITY-ST-ZIP

SIGNATURE: