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 22, 1999 8:00 am Secretary of State 04-22-1999 90047 032 ***150.00

DOCUM 1. Corporation	IÉNT #	L5431	8

H.O.A.L.I	L.O. INCORPORATED								
Principal Place	e of Business	Mailing Address					# 19871071 884 81514 81606 11485 14001 1814 A1	ANI BIBIL BEBU BIBIL B	ten bibli jabi
Principal Place of Business Mailing Address % LORRAINNE W. JONES 13611 WATERFALL WAY TAMPA FL 33624 Mailing Address % LORRAINNE W. JONES 13611 WATERFALL WAY TAMPA FL 33624				DO NOT WRITE IN THIS SPACE					
TAME A 1 E GOOD		THIN A TE GOVE				F	3. Date Incorporated or Qualifed		-
	•						03/01/1990		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	Ap	plied For
21		26					59-2998013	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	>.				5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	e	City & State					6. Election Campaign Financing	\$5.00	May Be
23 28			Trust Fund Contribution				Added t		
Zip	Country	Zip	C	ountry			8. This corporation owes the current year	r Intangible	
24	25 29 30					Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	t Registered Agent					10. Name and Address of New Register	red Agent	
				81	Name				
	es, lorrainne W.			82	Street /	Addres	s (P.O. Box Number is Not Acceptable)		
	11 WATERFALL WAY			"		Additos	o (1.0. Bax Hallibar to Het Hetaphana)		
TAM	PA FL 33624			83					
				84	City			85 Zip 0	Code
				-	1			FL `	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	uons of, Section 607.050	s, Fiorida St	atutes			ation submits this statement for the purpose is board of directors. I hereby accept the appropriate the purpose is board of directors. I hereby accept the appropriate is board of directors. I hereby accept the appropriate is board of directors.	e of changing its oppointment as re	registered gistered
12		D DIRECTORS		3.	it signature re	oquileo #	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	☐ DELE		TITLE				☐ Change	☐ Addition
NAME	JONES, LORRAINNE W.	_		NAME	- 1				
STREET ADDRESS	13611 WATERFALL WAY				TADDRESS				
	TAMPA FL			CITY-S	1				
CITY-ST-ZIP	D	□ DELE		TITLE				Change	☐ Addition
NAME	JONES, ALONZO		2.2	NAME					
STREET ADDRESS	13611 WATERFALL WAY		23	STREE	TADDRESS				
CITY-ST-ZIP	TAMPA FL			4 CITY-S					
TITLE	D	☐ DELE		TITLE	,,		- Maria	Change	Addition
NAME	WALLACE, ROSALIE G.		3.2	NAME					
STREET ADDRESS	12466 MILBURN				TADORESS				1
	BATON ROUGE LA			. CITY-S		_		~	
CITY-ST-ZIP TITLE	DATON NOOGE DA	☐ DELE		TITLE	,,-24	-		☐ Change	☐ Addition
NAME	į		4.	2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		DELE		TITLE				☐ Change	Addition
NAME	,			NAME					
STREET ADDRESS			5.3	STREE	TADDRESS				•
{				CITY-S					
CITY-ST-ZIP	***	□ DELE		TITLE				☐ Change	Addition

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 of 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS