## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT\* CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90028 036 \*\*\*150.00

1999 DOCUMENT # **L94256** 

1. Corporation Name HOUSTON ENTERPRISES, INC.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or erren moto, mo.								
Principal Place	e of Business	Mailing Address				1 100-11031 MAR 18411 GLANG LIBOL GLANG GLANG GLANG	TRACK ALAN ALAN	#1011 01911 1801	
1871 W. OAKLA		1871 W. OAKLAND PK. BI OAKLAND PARK FL 33311	1871 W. OAKLAND PK. BLVD.						
OAKLAND PARK FL 33311 US US US						DO NOT WRITE IN THIS SPACE			
03		00				3. Date Incorporated or Qualifed			
						08/20/1990			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- Ar	oplied For	
<del></del>	lace of Business	26				65:0212444	$\vdash$	ot Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.					Additional	
	<i>,</i> 0.0.	<b>⊢</b> '``	27		5. Certifcate of Status Desired		equired		
City & State	Α	City & State				6. Election Campaign Financing	\$5.00	May Be	
<b>一</b> ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year In	tangible		
24	25	29	30	•		Personal Property Tax.	Yes	□No	
24	9. Name and Address of C		1001	Τ	···	10. Name and Address of New Registered	Agent		
	o. Hamo dita Habitati at			81	Name				
COL	ES, PIERRE ALEX			Ш					
1871 W. OAKLAND PK. BLVD.				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
OAK	LAND PARK FL 33311			83					
•,				55					
				84	City	FL	85 Zip	Code	
office or r	egistered agent, or both, in the	7.0502 and 607.1508, Florida Statu State of Florida. Such change was a obligations of, Section 607.0505, Flo	authorized	d by ti	named corpo he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	changing its intment as re	registered gistered	
SIGNATURE						( when reinstating \ DATE		}	
	Signature, typed or printed name of register	red agent and title if applicable. (NOTI	E: Registered	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	7RS IN 12	
12.	r	DELETE	1.1 T	TI E		ADDITIONS/CHANGES TO OFFICERO A	Change	Addition	
TITLE	P DIEDDE ALEV								
NAME	COLES, PIERRE ALEX	um.	1.2 N/						
STREET ADDRESS	1871 W. OAKLAND PK. B				ADDRESS				
CITY-ST-ZIP	OAKLAND PARK FL 3331		1.4 CITY-ST-ZIP		ZIP		- Change	Addition	
TITLE		☐ DELETE	. 2.1 TT				Change	Addition	
NAME			2.2 N/	AME			_	ſ	
STREET ADDRESS			2.3 S1	TREET A	ADDRESS			2	
CITY-ST-ZIP			2.4C	TY-ST	-ZIP				
TITLE		☐ DELETE	3 1 TI	TLE			Change	☐ Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$1	TREET A	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-ST	-ZIP				
TITLE ·		☐ DELETE	4.1 Tf	TLE			☐ Change	Addition	
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 ST	TREET A	ADDRESS				
CITY-ST-ZIP			4.4 CI	ITY-ST-	-ZIP				
TITLE		☐ DELETE	5.1 TI				Change	☐ Addition	
NAME			5.2 N/	AME					
STREET ADDRESS			5.3 S1	TREET A	ADDRESS			Ì	
CITY-ST-ZIP			5.4 CI	TY-ST-	-ZIP			J	
TITLE	1.11	☐ DELETE	6,1 TI	TLE			☐ Change	☐ Addition	

14. I hereby certify that the information supplied with/this filing social not quality 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 and indicated on this annual report or supplemental and indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation or the ecciver 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 any attackment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP