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 29, 1999 8:00 am Secretary of State

04-29-1999 90176 033 ***150.00

DOCUMENT #	194529
1. Corporation Name	

۲	EOP	LE'S	THANSE	'UHI	INC

Mailing Address 10148 GIFFORD DR.
10148 GIFFORD DR.
SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/20/1990

2. Principal P	face of Business	2a. Mailing Address		4. FEI NUMBER	Applied For
21		26		59-3 02 5 6 7 8	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25	29	0	Personal Property Tax.	☐ Yes ☑ No
	9. Name and Address of Curren:	Registered Agent		10. Name and Address of New Registered	Agent
	MANI, MARK		81 Name (harles Ptenni	1900 1
	48 GIFFORD DR.		<u> </u>	6 REED MILLON	JOCOURI
SPR	ING HILL FL 34608		83	, ,	
			84 Cit	11 11	85 Zip Code
			1 2 D L	ing Hill FL	<u>. 34608 </u>
11. Pursuant	to the provisions of Sactions 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration subm ts this statement for the purpose of	changing its registered
office or r agent. I a	egistered agent, or both, in the State o Im familiar with, and a poent the obligat⊪	ก คเอกเตล. อินัยก change was autr ons of, Section 607.0505, Florid	a Statutes.	oration from its this statement for the purpose of on's board of directors. I hereby accept the appo	
SIGNATURE	(Karla Olleway	Charle.s	Pfennica		, YYY
SIGNATORE	Signature, typed or printed it me of registered agen		egistered Agent signature req Jya		
12.	OFFICERS AND		13.	ADDITI ONS/CHANGES TO OFFICERS A	
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PFENNING, CHARLES		1.2 NAME		
STREET ADDRESS	10146 SLEEPY WILLOW COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34608		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
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		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ 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			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	1		I		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 the my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3526660110