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

Mailing Address

6221 OLD COURT RD.208

**BOCA RATON FL 33433** 

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M33005

Corporation Name

Principal Place of Business

SIGNATURE:

6221 OLD COURT RD.208

BOCA RATON FL 33433

HELLENDER ENTERPRISES, INC.

							3. Date Incorporated or Qualifed				
							<del> </del>	<b>06/03/1986</b> FEI Number	Appl	ied For	
2. Principal Place of Business			. Mailing Address				59-2679544		Applicable		
1		Suite Apt # ets					+	\$	8.75 Ad	· · · · · · · · · · · · · · · · · · ·	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certifcate of Status Desired	Fee Req	II	
2			City & State				+-	, Election Campaign Financing	55.00 M	lav Be	
City & State			28				6.	, 2.002.01. 04	Added to		
3 Country			Zip	itry		-	. This corporation owes the current year Intangit	ole			
_ Zip ¬	Country	29	30				°.	Personal Property Tax.	res [	]No	
4 25 9. Name and Address of Current F			·			<del></del> -	10. Name and Address of New Registered Agent				
	9. Name and Address of Current	regi:	stered Agent		81	Name					
HELLENDER LINDA					_			The state of the s			
6221 OLD COURT ROAD #208						82 Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33433											
BOUR PRIOR LE 30400											
						City	FL 85 Zip Code				
								as authority this statement for the nurrose of char	nging its r	eaistered	
							n's b	on submits this statement for the purpose of char board of directors. I hereby accept the appointme	nt as reg	stered	
agent. I ar	n familiar with, and accept the obligation	ons o	f, Section 607.0505, Flori	da Statu	ites.	,					
SIGNATURE								prinetation) DATE			
SIGNATURE .		Registered Agent signature require			when	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	2S IN 12			
12.	OFFICERS AND	DIR		13.					Change	[ ] Addition	
TITLE	ST		☐ DELETE	1.1 TIT				-	- •	_	
NAME	HELLENDER, LINDA			1.2 NA	1.2 NAME						
STREET ADDRESS				1.3 STREET ADDRESS				•			
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP					Change	[ ] Addition	
TITLE	P		☐ DELETE	2.1 TIT	ΣE			L.	Ollarigo		
NAME	HELLENDER, MARK T.			2.2 NA	ME						
STREET ADDRESS 6221 OLD COURT ROAD #208			2.3 \$			ADDRESS					
CITY-ST-ZIP	BOCA RATON FL			2. 4 CI	TY-S	T-ZIP			Change	Addition :	
TITLE			☐ DELETE	3.1 TR	ΠE			1	Change	Modition :	
NAME				3.2 NA	ME					·	
STREET ADDRESS				3.3 ST	REET	FADDRESS					
CITY-ST-ZIP				3.4. CI	ITY-\$	T-ZIP			101	☐ Addition	
TITLE			☐ DELETE	4.1 TIT	TLE			L.	Change	☐ Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET ADDRESS					-		
CITY-ST-ZIP				4.4 CF	TY-\$	T-ZIP			1.00		
TITLE			☐ DELETE	5.1 TF	πE				] Change	☐ Addition	
NAME				5.2 N	ME				•		
STREET ADDRESS				5.3 \$1	REE	T ADDRESS					
CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP			-		
TITLE			☐ DELETE	6.1 TI	TLE				} Change	☐ Addition	
NAME				6.2 N	AME						
STREET ADDRESS				6.3 ST	TREE	T ADDRESS					
				6.4 CI	ITY-S	T-ZIP		<u></u>			
CITY-ST-ZIP	certify that the information supplied with	h this	filing does not qualify for	the exe	mpt	ion stated in S	Section	ion 119.07(3)(i), Florida Statutes. I further certify all have the same legal effect as if made under o	that the in	nformation	
indicated	on this annual report or supplemental director of the corporation or the receivor Block 13 if changed, or on an attach	annu	r trustee empowered to e	xecute t	his r	eport as requi	e sha iired t	all have the same legal effect as if made under o by Chapter 607, Florida Statutes; and that my n	ame appe	ars in	

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90130 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE