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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # M39913**

1. Corporation Name

HAPPY SALES, INC.

Principal Place of Business

940 LAKEWOOL WESTON FL 33		940 LAKEWOOD COURT	940 LAKEWOOD COURT WESTON FL-33186-0448					
US	0320	US			DO NOT WRITE IN THIS	SPACE		
00		••			3. Date Incorporated or Qualifed 10/10/1986			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	-11	Applied For	
21		26			59-2728876	$\perp \Pi$	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.7	5 Additional	
22		27 -	~	_	5. Certifcate of Status Desired	- <u>-</u> F <del>00</del>	Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.0	<b>00</b> May Be	
23		28			Trust Fund Contribution		ed to Fees	
Zip	Country 25	<sup>29</sup> (33326) 30	Country		This corporation owes the current year In Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	í Agent		
			81	Name			}	
WIEDER, LARRY 940 LAKEWOOD COURT			82	Street Add	idress (P.O. Box Number is Not Acceptable)			
WES	STON FL 33326		83					
			84	City		85 2	Ip Code	
			1_	,	poration submits this statement for the purpose	<b>-</b>   ;		
agent. 1 a	Signature, typed or printed name of registered ag	ations of, Section 607.0505, Florida Section and title if applicable. (NOTE: Regis			ed when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DP	☐ DELETE	1.1 TITLE			Chan	nge 🗌 Addition	
NAME	WIEDER, LARRY STEVEN	<u>J</u> .	12 NAME		•			
STREET ADDRESS	940 LAKEWOOD COURT		1.3 STREET	ADDRESS				
CITY-ST-ZIP	WESTON FL		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Chan	nge 🗌 Addition	
NAME			2.2 NAME		•		1	
STREET ADDRESS			2.3 STREE	TADDRESS	,		·	
CITY-ST-ZIP			2. 4 CITY-5	IT-ZIP			<u></u>	
TITLE		☐ DELETE :	3.1 TITLE			Chan	nge 🗌 Addition	
NAME		B:	3.2 NAME					
STREET ADDRESS		<b>[</b> :	3.3 STREE	TADORESS			Į	
CITY-ST-ZIP			3.4. <u>CITY</u> - S	T-ZIP				
TITLE		☐ DELETE	4,1 TITLE			Chan	nge 🔲 Addition	
NAME			4. 2 NAME		·		}	
STREET ADDRESS			4.3 STREE	T ADDRESS			1	
CITY-ST-ZIP	}	l	4.4 CITY-S	T-ZIP				
TITLE		_	5.1 TITLE			Chan	nge 🗌 Addition	
NAME			5.2 NAME					
STREET ADDRESS	1		5.3 STREE	ADDRESS	•		ĺ	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		<del></del> _		
TITLE			6.1 TITLE			☐ Chan	nge	
NAME		<b>1</b>	6.2 NAME				(	
STREET ANDRESS			6.3 STREE	T ADDRESS				

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpora Block 12 or Block 13 if changed with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90173 005 \*\*\*150.00