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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M62549 1. Corporation Name

LONESOME POLECAT INDUSTRIES, INC.

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90034 017 ***150.00



Principal Plac C/O STEPHEN		Mailing Address		· · · ·	1 16018811 110 01118 110			
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0740 C DIVIC		C/O STEPHEN R. HENDRE 9719 S. DIXIE HWY. #6	.N					
9719 S. DIXIE HWY. #6 9719 S. DIXIE HWY. #6 MIAMI FL 33156-2806 MIAMI FL 33156-2806				DO NOT WRITE IN TO		T WRITE IN THIS	SPACE	
MINIMITE 5513					3. Date Incorporated or Q 11/16/1987	ualifed		•
	N. C.D. situation	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
	Place of Business	— ·			65-0018950		-	Not Applicable
21		26			03 00 10930	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				sired		Additional Required
22		27						
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	n	Added	to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes	the current year. Int	angible	
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address o	f New Registered	Agent	
	2 3 2 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			81 Name				
, HEN	DREN, STEPHEN R.	14.60		00 01	leans (D.O. Day Municipality Mark	Ancintable)		
971	9 S. DIXIE HWY.	, HALL	[82 Street Add	ddress (P.O. Box Number is Not Acceptable)			
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11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Statut	es, the at	ove-named cor	poration submits this statement	for the purpose of	changing i	ts registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was a ions of: Section 607.0505. Flo	utnorized rida Statu	the corporation by the corporation in the corporati	ion's board of directors. Theret	y accept the appoin	illient as	agistered
	•							
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered	Agent signature requir	red when reinstating)	DATE	·	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECT	ORS IN 12
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: