

FROM : EASY WAY PEST CONTROL CORP.

PHONE NO. : 305 477 2245

APPROVED AND FILED 1999 11:10AM P3

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1999 JUL -8 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M63022 1. Corporation Name H. E. T., INC.			
Principal Place of Business 8490 S.W. 86 CT. MIAMI FL 33143 US		Mailing Address 8490 S.W. 86 CT. MIAMI FL 33143 US	
3. Date Incorporated or Qualified 11/25/1987			
2. Principal Place of Business 21 Subo, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 24 Subo, Apt. #, etc. 25 City & State 26 Zip Country	
4. FEI Number 65-0017292		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
8. Name and Address of Current Registered Agent TRAVESO, HECTOR EUGENIO 8490 S.W. 86 CT. MIAMI FL 33143		9. Name and Address of New Registered Agent 91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City 95 Zip Code	
10. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)			
11. OFFICERS AND DIRECTORS ☐ DELETE		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAVESO, HECTOR E. 8490 S.W. 86 CT. MIAMI FL 33143	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/6/99

RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

477-2282
 Date

AD