

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90058 024 ***150.00

DOCUMENT # M95669

1. Corporation Name
HENNIKER ENTERPRISES, INC.

Principal Place of Business Mailing Address
C/O KUPFER, KUPFER & SKOLNICK, P.A. C/O KUPFER, KUPFER & SKOLNICK, P.A.
1700 UNIVERSITY DR. 1700 UNIVERSITY DR.
CORAL SPRINGS FL 33071-6089 CORAL SPRINGS FL 33071-6089

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	08/24/1988	98-0058097	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8.75 Additional Fee Required	
22	27		8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing	5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	5.00 May Be Added to Fees	
Zip	Zip	Country	Country	
24	29	30	Country	
25	30			

9. Name and Address of Current Registered Agent

KUPFER, PAUL H., ESQ.
1700 UNIVERSITY DR.
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSTD	1.1 TITLE	Change Addition
NAME	DEBNEY, ANA MARIA	1.2 NAME	DIAZ, ANA MARIA de Brey
STREET ADDRESS	5100 ZONA POSTAL 1050	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	Change Addition
NAME	DIAZ LAVIE, CELESTINO I	2.2 NAME	V/D
STREET ADDRESS	5100 ZONA POSTAL 1050	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	Change Addition
NAME	MONSEFF, CELESTINO D	3.2 NAME	P/D
STREET ADDRESS	5100 ZONA POSTAL 1050	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)