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

DOCUMENT # P92000014865

1. Corporation Name

May 07, 1999 8:00 am Secretary of State

05-07-1999 90133 017 ***150.00

HAMMAI	H HEALTY CO.								
Principal Place	e of Business	Mailing Address				f imbrident bim iffire biftir amitt meint ment, mure		M Diret mist tobt	
4775 PINEVIEW CIRCLE DELRAY BEACH FL 33445 4775 PINEVIEW CIRCLE DELRAY BEACH FL 33445						DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualifed 12/29/1992			
Principal Place of Business 2a. Mailing Address			_			4. FEI Number	A	pplied For	
21		26	26			65-0375825	Not Applicable		
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			_	\$8.75 Additional			
22 City % State		City & State	City & State				Fee Required \$5.00 May Be		
City & Stat	le _.	28	ny a state			6. Election Campaign Financing Trust Fund Contribution	-	to Fees	
Zip	Country		Zip Country			8. This corporation owes the current year in		-	
	25 29		_	30		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Currer		30;	T^{T}		10. Name and Address of New Registered	Agent		
_		<u> </u>		81	Name				
ROD	STEIN, ALBERT M				<u> </u>				
	5 PINEVIEW CIRCLE			82	Street Add	tress (P.O. Box Number is Not Acceptable)			
DEL	RAY BEACH FL 33445			83					
				84	City		85 Zip	Code	
office or r	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, Fl	authorize orida Sta	d by tutes.	ine corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint when reinstating) DATE	intment as r	egistered	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	OP OF THE LINE AL	DELETE	1.1 TITLE		 		Change		
NAME	RODSTEIN, ALBERT		1.2 NA					}	
STREET ADDRESS	4775 PINEVIEW CIRCLE			1.3 STREET ADDRESS				1	
CITY-ST-ZIP				ITY-ST	-ZIP			j	
TITLE	DVST	DELETE	2.1 T				Change	☐ Addition	
NAME	RODSTEIN, MIRIAM		2.2 NAME						
STREET ADDRESS			2.3 S	2.3 STREET ADDRESS				1	
CITY-ST-ZIP	DELRAY BEACH FL 33445			2. 4 CITY-ST-ZiP					
TITLE		☐ DELETE	3.1 T	TLE			Change	☐ Addition	
NAME			3.2 NAME					}	
STREET ADDRESS			3.3 S	TREET	ADDRESS			1	
CITY-ST-ZIP				CITY-S	T-ZIP		F-1.01	TAUE-	
TITLE		DELETE	4.1 TITLE				Change	Addition	
NAME	}		4. 2 NAME					ľ	
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-		-ZIP		Change	☐ Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				Change	☐ Addition	
NAME					ADDRESS				
STREET ADDRESS			1	ITY-ST	ADDRESS			- 1	
CITY-ST-ZIP		☐ DELETE	6.1 T		-21		Change	Addition	
TITLE		□ occese		AME			5,141.96		
NAME	l		ı		ADDRESS				
STREET ADDRESS	1			ITY-S1					
CITY OF TIP									

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.

Daytime Phone #