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 14, 1999 8:00 am Secretary of State

04-14-1999 90120 039 ***150.00

P93000010892 DOCUMENT # 1. Corporation Name

MEGAMU	ING HENNY, INC.		•	
	The special of			
Principal Place		Mailing Address	· ·	
1075 DUVAL ST		1075 DUVAL ST.		• •
STE. 19		STE. 19		
KEY WEST FL	33040	KEY WEST FL 3304	0	DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualifed
				02/04/1993
2. Principal P	lace of Business	2a. Mailing Addres	S	4. FEI Number Applied For
21		26		65-0397221 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e		5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing 55.00 May Be
	o	28		Trust Fund Contribution Added to Fees
Zip	Country	Zíp	Country	This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax.
24	9. Name and Address of Curi			10. Name and Address of New Registered Agent
GRANTKARKEN A 81 Name J. JEFFERSON OVERBY				
GRA	NT, KABLÉEN A		82 Stre	
330 WHITE HEAD ST			82 Stre	et Address (P.O. Box Number is Not Acreptable)
KEY	WEST FL 33040		83	
			84 City	1/ C/C 2 St Zip Code
				KEY WOUT FL 3304
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida ate of Florida. Such change	Statutes, the above-name was authorized by the co	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and a ce it the obl	ligations of, Section 607.05	05, Florida Statutes.	Out 10 10 10 199
SIGNATURE	- Cuff	U was	2.) E	FERSIN CUERBY 9/7/99
40		agent and title if applicance. AND DIRECTORS	(NOTE: Registered Agent signated 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D.	DEL		Change Addition
	OVERBY, JON J		1.2 NAME	
NAME	1075 DUVAL ST., #19		1.3 STREET ADDRE	60
STREET ADDRESS	KEY WEST FL			
CITY-ST-ZIP	D VEL MESI LE	DEL	1.4 CITY-ST-ZIP ETE 2.1 TITLE	☐ Change ☐ Addition
TITLE	FERNINDAD, SCOTT H	E 055	2.2 NAME	,,
NAME	1075 DUVAL ST 19		2.3 STREET ADORE	
STREET ADDRESS			•	SS AND REAL PROPERTY OF THE PR
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP ETE 3.1 TITLE	☐ Change ☐ Addition
TITLE	,			
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADORE	ss
C/TY-ST-Z/P	-	□ DEL	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		LJ VEL	I	
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	SS
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-ST-ZIP	Change Addition
TITLE		□ DEŁ		
NAME			5.2 NAME	-
STREET ADDRESS			5.3 STREET ADDRE	»»
CITY-ST-ZIP	I		5.4 CITY-ST-ZIP	
U11-31-2F		DEL		Change Addition

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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with a address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

C/TY-ST-ZIP