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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000018108 1. Corporation Name

## Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90030 002 \*\*\*150.00

HUYAL	BLANKS, INC							
Principal Place	e of Business	Mailing Address				- - -	<b>di sida<del>s</del> idini</b> isali	001 <del>01</del> (0)  100
2031 GRANT S	Т. ·	PO BOX 22-0555	-#					
HOLLYWOOD F	L 33020	HOLLYWOOD FL 33022-055	LTWOOD FL 33022-0555			DO NOT WRITE IN THIS SPACE		
		•				3. Date Incorporated or Qualifed		
	· .		_			03/09/1993	+	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	<u> </u>	oplied For
21		Suite, Apt. #, etc.				65-0393962	<del></del>	ot Applicable Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		equired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	_			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year I		
24	25	29	30	1		Personal Property Tax.  10. Name and Address of New Registere	Yes	□No
	9. Name and Address of Current	t Registered Agent		81 1	Name	10. Name and Address of New Registere	u Agent	
GOL	DMAN, RICK							
2031 GRANT STR				82 5	Street Addre	ss (P.O. Box Number is Not Acceptable)		
HOL	LYWOOD FL 33020			83				* * * * * * * * * * * * * * * * * * * *
	• 1 *			84 (	City		85 Zip	Code
		NOT ITO THE ALL OLD					L i	speintered
office or r	egistered agent, or both, in the State of	of Florida. Such change was a	luthorized	d by the	e corporation	n's board of directors. I hereby accept the app	ointment as re	gisterea
SIGNATURE						ration submits this statement for the purpose is board of directors. I hereby accept the app		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE						
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered	l Agent siç		when reinstating) ( DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D GOLDMAN, DORALEE	t and title if applicable. (NOTE D DIRECTORS	Registered	Agent sig		when reinstating) ( DATE	AND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND D GOLDMAN, DORALEE 2031 GRANT ST.	t and title if applicable. (NOTE D DIRECTORS	13. 1.1 TJ	Agent sig	gnature required	when reinstating) ( DATE	AND DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D GOLDMAN, DORALEE 2031 GRANT ST. HOLLYWOOD FL 33020	t and title if applicable. (NOTE D DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 S1 1.4 C/	I Agent sk TLE AME TREET AD	portion of the control of the contro	when reinstating) ( DATE	AND DIRECTO	DRS 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, or on an attachment with an address, with all other like empowered.