## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000037569 (9)

HATHAWAY CONCEPTS, INC.

**FILED** Mar 11 1998 8:00am Secretary of State

HATTIS	WAT CONCETTO, INC.				
Principal Place of Business		Mailing Address			A LOCKINGO DIA JOSOCALIA OCIA CONTI ROTIN BOSOCA YANY INFORMATION ANTIO BASED IDEA FORD
767 ARTHUR GODFREY RD MIAMI BCH FL 33140 US		767 ARTHUR GODFREY	RD		
		#201 Miami Beach Fl 33140 US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
		00			05/21/1993
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0413383 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SQ 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		[28]			Trust Fund Contribution Added to Fees
Zıp	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible
24	25] 9. Name and Address of Curre	[29]	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
		nt negistered Agent	81	Name	
	IEBERG, LIBO B		Ľ	- I valino	
	DO GATEWAY DR.		82	Street	t Address (P.O. Box Number is Not Acceptable)
	ITE 201		83	3	
"	MPANO BEACH FL 33069				
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo				ve-named	d 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
	m tannad with the body the body	The color of the first of the f	Orion Olatore	, s.	
SIGNATURE	Signature, lyped or printed name of registered ag	ent and little if applicable (NOT	It: Registered Ag	goni signature	are required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WEINSCHNEIDER, LEON		1.2 NAME		Constant 54
STREET ADDRESS	767 ARTHOR GODFREY RD.		1.3 STREE	T ADDRESS	767 ARTHUR GOOFREY RO
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CiTY-	ST-ZIP	
TITLE	VTS	☐ DELETE	2.1 TITLE		Change Addition
NAME	WEINSCHNEIDER, MIRIAM R	•	2.2 NAME		
STREET ADDRESS	767 ARTHOR GODFREY RD.		2.3 STREE	T ADDRESS	767 ARTHUR GODFREY RD
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY	-ST-ZIP	
TATE	AS	☐ DELETE	3.1 TITLE		L] Change [] Addition
NAME	FINEBERG, LIBO B	004	3.2 NAME		
STREET ADORESS	3500 GATEWAY DR., SUITE	201		T ADDRESS	
CITY-ST-ZIP TITLE	POMPANO BEACH FL	DELETE	3.4. CITY	ST-ZIP	Change Addition
		C) better	4.1 TITLE	-	L_I Change L_I Addition
NAME			4. 2 NAME		
STREET ADDRESS			i i	T ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	31-ZIP	Change Addition
NAME		F-1 better	5.2 NAME		LT overfice FT Monitori
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP					
TITLE		DELETE	5.4 CITY - 6.1 TITLE	01-EIP	Change Addition
NAME		FT SECUL	6.2 NAME		Ell overige   November
STREET ADORESS				T ADDRESS	
DIRECT MEATINGS			USSINE	. ADDRESS	' <b>I</b>

14. Thereby 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 cociever 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 charged; or on an attaching with an address. HIRIAH WEINSCHNEIDER

64 CITY - ST - ZIP