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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90076 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000037569 (9)

1. Corporation Name

HATHAWAY CONCEPTS, INC.



Principal Place of Business

**767 ARTHUR GODFREY RD
MIAMI BCH FL 33140
US**

Mailing Address

**767 ARTHUR GODFREY RD
#201
MIAMI BEACH FL 33140-3413
US**

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0413383

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**FINEBERG, LIBO B
3500 GATEWAY DR.
SUITE 201
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

TITLE **PD** ☐ DELETE

NAME **WEINSCHNEIDER, LEON**
STREET ADDRESS **3930 INVERRARY BLVD. #201**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **VTS** ☐ DELETE

NAME **WEINSCHNEIDER, MIRIAM R.**
STREET ADDRESS **3930 INVERRARY BLVD. #201**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **AS** ☐ DELETE

NAME **FINEBERG, LIBO B**
STREET ADDRESS **3500 GATEWAY DR., SUITE 201**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **767 ARTHUR GODFREY RD.**
1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **767 ARTHUR GODFREY RD.**
2.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Miriam Weinschneider* **MIRIAM R. WEINSCHNEIDER** **5/11/99** **305 538-2446**

CR2E034 (9/96)