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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000031261**1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90095 009 ***150.00

H & W ENTERPRISES OF TAMPA, INC.							(1881-1881 H.B. (8)H. 218H SBUT B		N NATOR REGISERACIONS	ETION TIPN 1981
Principal Place	e of Business	Mailing Addres						DIL) BULFI ONIB		()
5142 W IDLEWI		5142 W IDLEWI								
TAMPA FL 33634 TAMPA FL 33634					DO NOT WRITE IN THIS SPACE					
							Date Incorporated or Qualifed	TE IN THIS	OF AUL	
							05/10/1994			ļ
2. Principal Pl	lace of Business	2a. Mailing Add	dress				4. FEI Number		App	olied For
21	, and a business	26					65-0523423		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27					5. Certificate of Status Desired		Fee Red	quired
City & State	ie -	City & Stat	е				6. Election Campaign Financing	Ö	\$5.00	- 1
23		28		0			Trust Fund Contribution		Added to	5 Fees
Zip	Country	Zip	[<u>_</u>	Count	гу		 This corporation owes the cur Personal Property Tax. 	rent year In		□No
24	9. Name and Address of Cu	29 29 Agent	<u>3</u>	<u>"</u>			10. Name and Address of New	Registered		
	J. Haitie and Address of Co	ment Neglate da Agent	<u> </u>	8	1 Name		, , , , , , , , , , , , , , , , , , ,			
WHI	te, rollin k			8	2 Street	A ddror	ss (P.O. Box Number is Not Accept	able)		
	2 W IDLEWILD AVE	•		°	2 Siree	(Andres	ss (F.O. Box Number is Not Accept	aule)		
TAM	IPA FL 33634			8	3					
				.	4 ·City				85 Zip C	ode
		, # ·		. l	1			<u>Fl</u>	-	
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Flo	orida Statutes	, the abo	ve-name	d corpor	ation submits this statement for the 's board of directors. I hereby acce	purpose of the appo	f changing its i intment as rec	registered jistered
agent. I a	im familiar with, and accept the ob	bligations of Section 60	7.0505, F jø rid	ia Statute	9s.	po. 0	0.000.00.000.00.00.00.00.00.00.00.00.00	P. 1111 F. F		
SIGNATURE	Dianaz						- LY -	لجدي	99	
	Signature, types or printed name of registered	d agent and title if applicable.		egistered Ag		required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS A	199	
12.	Signature, types or printed name of registered OFFICERS	d agent and title if applicable. S AND DIRECTORS			gent signature	prequired v	when reinstating) ADDITIONS/CHANGES TO OR	DATE FICERS A	199	
12. TITLE	Signsture, NPOS or printed name of registered OFFICERS	d agent and title if applicable. S AND DIRECTORS	(NOTE: R	egistered Ag	gent signature	beriuper e		DATE FICERS A	ND DIRECTO	RS IN 12
12. TITLE NAME	Signature, Special printed name of registered OFFICERS OPT WHITE, ROLLIN K	d agent and title if applicable. S AND DIRECTORS	(NOTE: R	13. 1.1 TITLE	gent signature			DATE FICERS A	ND DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS	Signsture, NPOS or printed name of registered OFFICERS	d agent and title if applicable. S AND DIRECTORS	(NOTE: R	13. 1.1 TITLE	gent signature			DATE FICERS A	ND DIRECTO	RS IN 12
12. TITLE NAME	Signature, Non-accommend name of registered OFFICERS DPT WHITE, ROLLIN K 5142 W IDLEWILD AVE	od agent and title if applicable. S AND DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature E E ET ADDRESS -ST-ZIP			DATE FICERS A	ND DIRECTO	RS 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. CITY-ST-ZIP

SIGNATURE:

813386138