Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90270 041 \*\*\*150.00

## 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** 

## DOCUMENT # P9400047247

HEMIS TRADE (NA), INC.						
					), <b>88</b> (), <b>8</b> (8() ( <b>86</b> ) <b>6</b> (1 <b>8</b> )), 1	
District Discrete Projects	Moiling Address			{	IL <b>88</b> 111 <b>bir</b> ik 4 <b>8510</b> 11 <b>8</b> 11 <b>1</b>	
Principal Place of Business	Mailing Address	TERM				
3910 DIAMOND PALLADIUM TERR 3910 DIAMOND PALLADIUM TERR BOYNTON BCH FL 33436 BOYNTON BCH FL 33436						
US US				DO NOT WRITE IN THIS SPACE		
	•			3. Date Incorporated or Qualifed 06/20/1994		
2. Principal Place of Business	2a. Mailing Address	<del></del>	<del></del>	4. FEI Number	Apı	olied For
21	26			65-0524225	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u></u>		5. Certifcate of Status Desired	\$8.75 A	
22	27			3. 0	Fee Re	
City & State	City & State			6. Election Campaign Financing	\$5.00	, ,
23	28	Countr		Trust Fund Contribution	Added to	) rees
Zip Country	Zip 3		У	This corporation owes the current your Personal Property Tax.	ear intangibie ☐ Yes	<b>⊠</b> No I
24 25 9. Name and Address of Current	<del></del>	<u> </u>	<del></del>	10. Name and Address of New Regis		
9. Name and Address of Current	Itegistarea Agent	8	1 Name	10. 11.		¥.
SILVEY, ALVIN 3910 DIAMOND PALLADIUM TERR BOYNTON BCH FL 33436			0 00000	(C.C. Day Mushas is Net Assessable)		
		82	Zi Street Addr	ess (P.O. Box Number is Not Acceptable)		
		8:	3			
		84	4 City		85 Zip C	`odo
				·	FL   T	i
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of the section of the s	and 607.1508, Florida Statutes	the abo	ve-named corp	oration submits this statement for the purp	ose of changing its	registered
agent. I am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statute	s.	MIS BOOK OF CHECKERS. I HERODY GOODE SID	аррожином об то	,. <b></b>
SIGNATURE					ATE	
Signature, typed or printed name of registered agent  12 OFFICERS ANI		tegistered Age	ent signature required	ADDITIONS/CHANGES TO OFFICE		RS IN 12
me OPT	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition .
NAME SILVEY, ALVIN		1.2 NAME				
•						
		1.3 STRE	ET ADDRESS			
	INT	ı	ET ADDRESS ST-ZIP			<u></u>
TITLE DSVP	DELETE	1.3 STRE.  1.4 CITY-  2.1 TITLE	ST-ZIP		☐ Change	Addition
5011		1.4 CITY-	ST-ZIP		☐ Change	
	☐ DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZIP		☐ Change	
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

THE REQUITIND SILVE

☐ DELETE

Change

☐ Addition