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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 15 1997 8:00am

Secretary of State

0327443

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000021839 (2)

| 2 HIM INC. Principal Place of Business Mailing Address 87 18TH AVE. SOUTH LAKE WORTH FL 33460 LAKE WORTH FL 33460-5809 | | | | | | | | | | |
|--|---|--|-------------------|---------------------|-----------------------------------|--|---|--|-----------------------------|--|
| | | | | | | - | | | | |
| | | | | | ļ | 3. Date Incorporated or Qualified 03/17/1995 | | te of Last F 08/1996 | Report | |
| | | | . Mailing Address | | | 4. FEI Number | | A | pplied For | |
| 1] | | 26 | | | | | | | ot Applicable | |
| Suite, Apt. #, etc Suite, 27 | | Suite, Apt. #, etc. | te, Apt. #, etc. | | | 8. Certificate of Status Desired | | | Additional legulred | |
| City & State | 0 | City & State | | | | 8. Election Campaign Financing | | | May Be | |
| 3 | | 28 | | | | Trust Fund Contribution | | | to Fees | |
| Zip | Country | Zip | | Country | | 8. This corporation has liability for intangible tax under s. 199.03 | | | s. 199.032, | |
| 4 | 25 9. Name and Address of Curre | 29 | 30 | | | Florida Statutes L 10. Name and Address of New Re | Yes L | | | |
| HAD | | III LICOSTOLEO MONIC | | B1 Name | | TO, Harris and Address of New Ac | Average of | ABBILL | | |
| HARRIS, DON 87 18TH AVE. SOUTH | | | | | | , | | | | |
| LAKE WORTH FL 33460 | | | Ì | 82 Street | Addres | Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | ſ | B3 | | ······································ | | | | |
| | | | ŀ | B4 City | | | | 85 Zip | Code | |
| | | | | | | ation submits this statement for the pair is board of directors. I hereby acce | FL | . 1 1 | | |
| 12. Inité | Squarue typen or proted habe of registered at OFFICERS AT | ND DIRECTORS DELETE | 13. | | PR | when reinstating) ADDITIONS/CHANGES TO OFFICE STOENT | DATE CERS AND | DIRECTOR | RS IN 12 | |
| NAME | HARRIS, MARY G | | 1.7 III 1.2 NA | | DO | N HARRIS | | L_J Change | and Addition | |
| STREET ADORESS | 87 18TH AVE. SOUTH | ٠ | 1.3 ST | REET ADDRESS | 187 | 18th Avenue Sou | th | | | |
| C(TY - S1 - 2)F | LAKE WORTH FL 33460 | | 1.4 CIT | Y - ST - ZIP | LA | KE WORTH, FL 33 | 3460 | | | |
| ITLE | | ☐ DELETE | 2.1 TIT | | | | | Change | Addition | |
| NAME | | | 22 NA | | | | | | | |
| S'REET ADDRESS | | | | EET ADDRESS | | | | | | |
| CITY - S1 - ZIP HTLE | | DELETE | 3.1 TIT | Y-ST-ZIP LE | - | | | Change | Addition | |
| NAMÉ | | | 3.2 NA | | | | | | | |
| STREET ADDRESS | | | 3.3 ST | EET ADDRESS | İ | | | | | |
| CITY+ST-ZIP | p —, , , , , , , , , , , , , , , , | | | Y-ST-ZIP | <u> </u> | | | | | |
| DILE | | [_] DELETE | 4.1 717 | | | | | Change | Addition | |
| NAME | | | 4.2 N/ | | | | | | | |
| STREET ADDRESS | | | | EET ADDRESS | } | | | | | |
| CITY - ST - ZIP TITLE | | DELETE | 4.4 CIT | Y - ST - ZIP I F | | | | Change | Addition | |
| NAME | | المارين المارين | 5.1 III | | | | | — Canide | - Indian | |
| STREEL ADDRESS | | | | REET ADDRESS | | | | | | |
| CHTY-ST-ZIP | | | a di | Y - ST - ZIP | 1 | | | | | |
| TITLE | | DELETE | 6.1 TIT | | 1 | | | Change | Addition | |
| NAME | | | 6.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 6.3 ST | REET ADDRESS | | | | | | |
| CHTY+S1+ZF | | | | Y-ST-ZIP | <u> </u> | | | | | |
| 14 I do hereb | by certify that the information suppli on indicated on this annual report or flicer or director of the corpolation on Slock 12 or Block 13 if changed, | ed with this filing does not qual supplemental annual report is or the receiver or trustee empor or on an atlantment with an ad | lify for the | exemption | stated in d that m report a | n Section 119.07(3)(i), Florida Statute y signature shall have the same legs is required by Chapter 607, Florida S | s. I further al effect as Statutes; a | certify that if made ur nd that my | t the nder eath; name | |