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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000021839**

2 HIM INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90112 023 ***150.00

Principal Place	e of Business	Mailing Ad	idress					.,		
87 18TH AVE. SOUTH B7 18TH AVE. SOUTH LAKE WORTH FL 33460 LAKE WORTH FL 33460										
CARE WORTH FL 33400						DO NOT W	VRITE IN THIS	S SPACE		
							3. Date Incorporated or Qualif	ed		
1							03/17/1995			· 1
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI Number		A	oplied For
21		26			_		74-2777800		N	ot Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27				<u>.</u>	5. Ochmosic or oldida boshoo	<u> </u>	Fee R	equired
City & State	te	City &	State*	-		.*	6. Election Campaign Financir	ng □		May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Соип	try		8. This corporation owes the c	current year in		
24	25	29		30			Personal Property Tax.	- D 1-4	∐ Yes	□No
	9. Name and Address of Cu	irrent Registered A	gent		B1	Name	10. Name and Address of New	w Registered	Agent	
HAR	RRIS, DON			{	1	Natio				1
	18TH AVE. SOUTH			Ţ.	B2	Street Addre	ess (P.O. Box Number is Not Acce	eptable)		
	E WORTH FL 33460			<u> </u>	В3					
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				Į.	84	City	 		85 Zip	Code
	40.4	0500 5003 4500						FL		
44 2000									i changing its	registerea
office or re	to the provisions of Sections 607, registered agent, or both, in the S	tate of Florida. Such	i change was a	uthorized	by th	named corpo ne corporatior	n's board of directors. I hereby ac	cept the appo	intment as re	gistered
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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 on 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.

SIGNATURE: X

DORN/YARTISREQUIRIDON/-LARRI

×4/8/99×(561)533-655