## 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

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90270 044 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT #  1. Corporation Name	P-95000037478	(1)OK
	HAN CONCH HOUSE COPP	

Principal Place of Business 13030 N.W 7Th AVE. WIANI FI. 33/68

Mailing Address

13030 N.W. 717 AVE. HIANI FJ. 32168

3. Date Incorporated or Qualifed 5/1//199 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required at City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MAUCIONE HADJE F. Street Address (P.O. Box Number is Not Acceptable) 82 13030 N.W. 7Th AVE. HIAMI FF. 33168. 83 City 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 little if applicable.	(NOTE: Re	gistered Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
OTLE	P	☐ DELETE	1.1 TITLE -		Change	☐ Addition
NAME	HAUCIDNE HARIE F.	ļ	1.2 NAME			
STREET ADDRESS	1202011 N. 7Th AVE.		1.3 STREET ADDRESS			
	13030 N.W. 7Th. AUE.		14 CITY-ST-ZIP			
CITY-SI-ZIP TITLE		☐ DELETE	21 TITLE		Change	☐ Addition
NAME			2.2 NAME			: Le
STREET ADDRESS			2.3 STREET ADDRESS			3" []
CITY-ST-7IP			2.4 CITY-\$T-ZIP			
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CITY-S1-ZIP		DELETE	4.1 BILE		Change	Addition
NAME			4. 2 NAME			
			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CID-SI-ZP TIME		DELETE	5.1 TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP		DELETE	6.1 TITLE		Change	Addition
THUE			6.2 NAME			1
NAME			6.3 STREET ADDRESS			n inti
STRUET ADDRESS			64 CITY-ST-ZIP			
CITY-ST-ZIP			Q - OH 1 - OH - EP		I forth an artifully at the in	Jamalian

14. I lereby 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 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 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: