PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095567 1. Corporation Name

HEALTHY HOSE, INC.

Principal Place of Business

1172 SOUTH DIXIE HIGHWAY

#393

CORAL GABLES FL 33146

Mailing Address

1172 SOUTH DIXIE HIGHWAY

CORAL GABLES FL 33146

<u>i kograpjul and dolog balak odala odala dolak odala dolah olaho dolog dalab dalab olah ababa d</u>

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90077 003 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/18/1995

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Ce	5-0648671 Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Ce	\$8.75 Additional
	ertifcate of Status Desired Fee Required
22 27	
_ ·	ection Campaign Financing \$5.00 May Be ust Fund Contribution Added to Fees
	nis corporation owes the current year Intangible
_ '	ersonal Property Tax.
	ame and Address of New Registered Agent
81 Name	
STRATOS, KIMARIE R	D. M. Lania Mat Acceptable)
1172 SOUTH DIXIE HIGHWAY 82 Street Address (P.O.	Box Number is Not Acceptable)
SUITE 393	And the second s
CORAL GABLES FL 33146	
84 City	FL 85 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 title if applicable. (NOTE: Registered Agent signature required when reins	tating) DATE
	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME STRATOS, KIMARIE R 1.2 NAME	• .
STREET ADDRESS 1172 SOUTH DIXIE HIGHWAY, SUITE 393 1.3 STREET ADDRESS	
CODAL CADITO EL COMAC	
CITY-ST-ZIP CORAL GABLES FL 33 146 14 CITY-ST-ZIP 11 TITLE DELETE 2.1 TITLE	☐ Change ☐ Addition
one resident	
Torrer.	Change Addition
	•
STREET ADDRESS 3.3 STREET ADDRESS	and the second s
CITY-ST-ZIP 3.4.CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	,
CITY-ST-ZIP	Change Addition
E 2 NAME	Containe Container
NAME	
STREET ADDRESS 5.3 STREET ADDRESS]
CITY-ST-ZIP 54 CITY-ST-ZIP	Change Addition
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition {
NAME 6.2 NAME	
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 informatio 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.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1919 305 66 Date Daytime Phone # CR2E034 (11/98)