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 # P95000096485

1. Corporation Name

H W & M INSPIRATION CORP. INC.

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90050 014 ***150.00

|--|--|--|--|

Principal Place	e of Business	Mailing Address						
7421 W. CYPRE	ESS HEAD DRIVE	7421 W. CYPRESS HEAD DRIVE	Ε					
PARKLAND FL		PARKLAND FL 33067			DO NOT WRITE II	M TUIC COA	CE	
					3. Date incorporated or Qualifed	N THIS SPA	UE .	
					12/18/1995			Į
2 Principal DI	lace of Business	2a. Mailing Address			4. FEI Number		Anı	plied For
2. Principal Pl	I NIW 168 TER	1	ing T	ER.	NOT APPLICABLE			t Applicable
Suite, Apt.		Suite, Apt. #, etc.	00		_	, \$		dditional
	AL SPRINGS.	27 CORAL S	PRIN	(C S	5. Certifcate of Status Desired] ,	Fee Re	quired
City & State		City & State			6, Election Campaign Financing	,	5.00	May Be
23 FL	· 33076 us	43 FL 330	67	USA	Trust Fund Contribution	J	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current			
24	25	29 30			Personal Property Tax.	<u> </u>		□No
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Regi	stered Age <u>r</u>	11	
ומו וד	NER, OTHEL		81 Na	ame				
	WEN, OTHER W. SUNRISE BLVD		82 St	treet Addre	ss (P.O. Box Number is Not Acceptable))		
	T LAUDERDALE FL 33312		83					
1011	PODENDALE AL GOOTE		63		<u></u>	_		
	•		84 Ci	ity		FL 8	5 Zip C	Code
44 Dureyant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes t	the above-na	med como	pration submits this statement for the purp	nose of char	l Iging its	registered
office or re	egistered agent, or both, in the State of	Florida, Such change was autho	orized by the	corporation	n's board of directors. I hereby accept the	e appointme	nt as reg	gistered
	m familiar with, and accept the obligation	ans or, Section 607.0303, Fiolida	Statutes.		•			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regi	istered Agent sign	sature required	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTO	RS IN 12
					110011101101010111111111111111111111111		•	
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
TITLE NAME	MURRAY, HAGNE	_					Change	☐ Addition
	MURRAY, HAGNE 7421 W. CYPRESS HEAD DRIVE	_	1.1 TITLE	RESS			Change	☐ Addition
NAME	MURRAY, HAGNE 7421 W. CYPRESS HEAD DRIVE PARKLAND FL 33067		1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP					
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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.

SIGNATURE:

Daytime Phone #