

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90004 029 ***150.00

DOCUMENT # **P96000001842** ✓
Corporation Name

GARY D. HERLTH, INC.

Principal Place of Business
**7007 GREEN TREE LANE
MIAMI LAKES FL 33014**

Mailing Address
**7007 GREEN TREE LANE
MIAMI LAKES FL 33014**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	26	01/02/1996	65-0638173	Not Applicable
Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property.
25				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERLTH, GARY D
7007 GREEN TREE LANE
MIAMI LAKES FL 33014**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E E EET ADDRESS ST-ZIP	D HERLTH, GARY D 7007 GREEN TREE LANE MIAMI LAKES FL 33014	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	1.2 NAME	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	2.2 NAME	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	3.2 NAME	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	4.2 NAME	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	5.2 NAME	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	6.2 NAME	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
E E EET ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	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 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.

SIGNATURE: **GARY D. HERLTH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 305-558-8238
Date Daytime Phone #

CR2E034 (5/99)

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P960000001842

7/1/99

I DID NOT RECEIVE
THE FIRST NOTICE
FOR INCORPORATION.
I WAS TOLD TO SEND
A NOTE EXPLAINING
THIS SITUATION.

Thank you

Larry D. Herd