**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90049 008 \*\*\*150.00

## DOCUMENT # P96000015156

1. Corporation Name FIHA, INC. Mailing Address Principal Place of Business 3140 S. OCEAN DRIVE 3140 S. OCEAN DRIVE **SUITE 1904 SUITE 1904** DO NOT WRITE IN THIS SPACE HALLANDALE FL 33009 HALLANDALE FL 33009 3. Date incorporated or Qualifed 02/19/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0646640 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip This corporation owes the current year Intangible □No. 25 29 30 Personal Property Tax. ☐ Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TEMKIN, RONALD E Street Address (P.O. Box Number is Not Acceptable) 82 616 ATLANTIC SHORES BLVD. SUITE A 83 HALLANDALE FL 33009 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change ☐ Addition DELETE 1.1 TITLE TITLE FISHER, PETER 12 NAME **PMAN** 3140 S. OCEACN DR. 13 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ DELETE 21 TITE TITLE HALASZ, IRVING 2.2 NAME NAME 3140 S. OCEACN DR. 2.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 2 4 CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE HALASZ, CLARA 3.2 NAME NAME 3140 S. OCEACN DR. 3.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 3.4. CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 5.1 TITLE 5.2 NAME NAME

CITY-ST-ZIP 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

☐ DELETE

☐ Change

Addition

CR2E034 (11/98)