## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000018432 (0)**1. Corporation Name

HIE, IN	IC.		<i>:</i>		
Principal Place of Business 7124 49TH ST N PINELLAS PARK FL 34685		Mailing Address 7124 49TH ST N PINELLAS PARK FL 33781-44			<b>19</b> 0) <b>19</b> 111 <b>3</b> ( <b>301</b> 1111 <b>13 (111</b> 1 1 <b>33</b> (
			•	3. Date Incorporated or Qualified 3a. 02/28/1996	Date of Last Report
2. Principal P	lace of Business ,	2a. Mailing Address 26		4. FEI Number 59-3373433	Applied For Not Applicable
Suite Apt.	# etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Gountry		□ No
ļ	9. Name and Address of Curre		641 1/	10. Name and Address of New Register	<del></del>
	B CORPORATE SERVICES, INC		81 Name	Eyad Altoubah	en e
	CENTRAL AVE, SUITE 202 ETERSBURG FL 33710			dress (P.O. Box Number is Not Acceptable)	
			83 7 1 2 84 City		
			111	Pinellas Park	•L     33781
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	the above-named cortograms, the above-named cortograms.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered
agent. La	im familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statutes.	3-1	097
SIGNATURE	Significate typed or printed name of registered a	A source of the second of the	Registered Agent signature requ		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
FITLE	D, P, S, T	DELETE	1.1 TITLE		Change Addition
NAME	ALTOUBAH, EYAD		1.2 NAME		
STREET ADDRESS	7124 49TH ST N		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34665		1.4 CITY-ST-ZIP		
THILE		☐ DELETE	2.1 TITLE		Change Addition
NAME:			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-ZiP Tit(E	, v. · • · · · · · · · · · · · · · · · · ·	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		المام	3.2 NAME		and also find the second
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - 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			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY - ST - 7IP		T pri rve	5.4 CiTY-ST-ZiP		A 1200
THEF		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1 Collect C # 2005			= 61017 61 310 L		

14. I do 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:

SIGNATURE: