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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048502 1. Corporation Name

HAVMAN ENTERPRISES INC

4200	NORTH	OCEAN	DRIVE
APT.	1801-1		

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90042 015 ***150.00

TIMINIT	ENTENTINES, INC.						
:							
Principal Place	e of Business	Mailing	Address				I (BBITEBI (10 IBITE BITH BBITT BBITT BBITT BBITT BBITT BBITT BBITT BBITT BBITT
4200 NORTH O	CEAN DRIVE	4200 NO	RTH OCEAN DRIVE				
APT. 1801-1	: FL 90404	APT. 180					DO NOT WRITE IN THIS SPACE
SINGER IŞLAND) FL 33404	SINGER	ISLAND FL 33404				3. Date Incorporated or Qualifed
	•						06/06/1996
2. Principal Pl	lace of Business	2a. Mai	ling Address			-	4. FEI Number Applied For
21		26					65-0691059 Not Applicable
Suite, Apt.	#, etc.	Suit	e, Apt#, etc		<u> </u>		5. Certificate of Status Desired
22	27			r ee required			
·	City & State City & State					6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees	
23	0	28					
Zip	Country	<u> </u>	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No	
24	9. Name and Address of Currer	29	1 Agent	30	T		10. Name and Address of New Registered Agent
	g. Haille and Address of Currer	it itegisteret	a Agent		81	Name	16. 11-11.5
HAYI	MAN, RICHARD						
	NORTH OCEAN DRIVE				82	Street Add	ress (P.O. Box Number is Not Acceptable)
	1801-1				83		
SING	SER ISLAND FL 33404						ag 75- Code
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.15	08, Florida Statute	es, the a	above	e-named corp	poration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Si	uch change was a	uthorize	d by	the corporati	ion's board of directors. I hereby accept the appointment as registered
		ttions of, occ	1011 007.0000, 7 10	100 010		•	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applic	cable. (NOTE	Registere	d Ager	nt signature requir	red when reinstating) DATE
. 12.	OFFICERS AN	ND DIRECTO		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ·		☐ DELETE	1.11	TILE		☐ Change ☐ Addition
NAME	HAYMAN, RICHARD			1.2 1	AME		Paris Line 1981
STREET ADDRESS	1200 002 11 0 11 11 11 11 11				TADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL 33404		Operete	_	CITY-S	T-ZIP	Addition
TITLE			☐ DELETE		ITILE		And the state of t
NAME					AME		-
STREET ADDRESS	,		-, - *			TADORESS	in the second of
CITY-ST-ZiP			☐ DELETE		CITY-S	SI-ZIP	☐ Change ☐ Addition
TITLE			C., DEEE16	1	NAME		
NAME				1		T ADDRESS	
STREET ADDRESS				1	CITY-S		
CITY-ST-ZIP TITLE			☐ DELETE		IIILE)1- LIF	☐ Change ☐ Addition
NAME				•	NAME		
STREET ADDRESS						T ADDRESS	j
CITY-ST-ZIP					CITY-S		
TITLE			☐ DELETE	_	TITLE		~ Change
NAME				5.21	NAME		
STREET ADDRESS				5.3	STREE	T ADDRESS	
CITY-ST-ZIP	*			5.4 6	CITY-S	T- ZIP	
	a a a ca		□ DELETE	6.1	TITLE		☐ Change ☐ Addition
NAME 1/1				6.21	NAME		
	Carlo Carlo			6.3	STREE	T ADDRESS	
CITY-ST-ZIP				6.4	CITY-S	T-ZIP	

14. I hereby certify that the information supplied with this filling does of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 chapted, or of an attachment with an address, with all other like empowered.

SIGNATURE: