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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600050613

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SECRETARY OF STATE

1. Corporation	on reame	000010		TALL AMADONIC SCRUME.	
HUNNIE	'S ENTERPRISES INC.			A ARAMSA DIS DAMA SUM ARM ARM ARM ARM ARM ARM ARM ARM ARM AR	
Principal Plac	ce of Business	Mailing Address			fa
11548 NW 6TH		11548 NW 6TH CT			
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			071		
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualifed 06/13/1996	
	Place of Business	2a. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pplied For
21		26		59-3417462	lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			Additional
22 City & Stat	le .	27 City & State		Fee R	tequired
23		28			May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	101003
24	25	29	30	Personal Property Tax. Yes	□No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered Agent	
ARB	ELI, AHARON		81 Name		
	48 NW 6TH CT		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	RAL SPRINGS FL 33071		83		
•					
1			84 City	— 85 Zip	Code
1			'	FL " = "	
1. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stal	tutes the above-named con	moration submits this statement for the nurnose of changing it	s registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Stal of Florida. Such change was tions of, Section 697.0505, F	tutes the above-named con		s registered egistered
11. Pursuant office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obligated and the control of the contr	of Florida. Such change was tions of, Section 697.0505, F	tutes, the above-named corps authorized by the corporational Statutes.	rporation submits this statement for the purpose of changing it tion's board of directors. I hereby accept the appointment as ref. 3.11	s registered egistered
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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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/30/99

Daytime Phone #