PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000065539 1. Corporation Name

ELIZABETH HIRSCH ENTERPRISES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90208 047 ***150.00



						(B B)(B) B)(B) B)(B)	
Principal Place	e of Business	Mailing Address					
3122 LAKE WASHINGTON 2626 NOBILITY AVE MELBOURNE FL 32935 MELBOURNE FL 32934							
					DO NOT WRITE IN THIS SPACE		
03					3. Date Incorporated or Qualifed		
					08/05/1996		
2. Principal P	Place of Business C 0 **	2a. Mailing Address	2 0		4. FEI Number	Apr	plied For
21 3/22 date Washington 26 26265/or				ave.	59-3396183	. Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	2000		_	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Rec	quired
City & Stat	ie a a o	City & State			6. Election Campaign Financing	\$5.00	Мау Ве
23 Wellsome the 28 Wellsome				_ •	Trust Fund Contribution	Added to	o Fees
Zip	Country 1	Zip	Coun	try 1	8. This corporation owes the current year	•	_
24 3296	25 Brevan	29 32934	30 (<u>/2</u> /	levara_	Personal Property Tax.		□No
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registere	d Agent	
	0011 5154655114		1	Name			
HIRSCH, ELIZABETH M				82 Street Address (P.O. Box Number is Not Acceptable)			
2626 NOBILITY AVE MELBOURNE FL 32934			[83			
			L				Code
			[34 City	F	L	,
agent. l a	egisteyed agent, y out in the state of improvement in the oblightion of the oblighti				poration submits this statement for the purpose ion's board of directors. I hereby accept the applications of the purpose of t	99	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E		☐ Change	Addition
NAME	HIRSCH, ELIZABETH		1.2 NAM	E			
STREET ADDRESS	AAAA 11000 151/ 11/5		1.3 STR	EET ADDRESS			ĺ
CITY-ST-ZIP	MELBOURNE FL 32934		1.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITL	E		Change	☐ Addition
NAME			2.2 NAM	E			ľ
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP			2. 4 CIT	r-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL	E		☐ Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP	_		3.4. CIT	/-ST-ZIP	<u></u>		
TITLE		☐ DELETE	4.1 TITL	E	-	☐ Change	Addition
NAME			4.2 NA	AE .			
STREET ADDRESS	:		4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CIT	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL			☐ Change	☐ Addition
NAME			5.2 NAM	E			Į
STREET ADDRESS			5.3 STR	EET ADDRESS			ļ
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			☐ Change	☐ Addition
NAME			6.2 NAW	E			
STREET ADDRESS			6.3 STR	EET ADDRESS	•		}
l .	1		64 CIT	- ST- 7IP			

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 suppliemental 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 appear with an address, with all other like empowered.