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⊕PRÖFÍT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065902 1. Corporation Name

HANDY ANDY, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90085 021 ***150.00



Principal Place	of Business	Mailing Address				f ibaitan in ikin nitt nitt a	•		
533 NORTHEAST 52 TERRACE MIAMI FL 33137		533 NORTHEAST 52 TERRACE MIAMI FL 33137							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		-	
						08/07/1996	*		i
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	-		Applied For
21		26				65-0685098			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				5. Certicate of Status Desired	ليدا	Fee	Required
City & State	9-7	رونس City & State			-	6. Election Campaign Financing	· — ·		May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	rent year Inta		m/
24	25	29 30	<u>_</u> _			Personal Property Tax.		☐ Yes _	(DK/0
	9. Name and Address of Current I	Registered Agent		81	N	10. Name and Address of New I	Registered /	Agent	
AMC	DII AMMED CHADTEDED			٥١	Name			.,	. 1
	RILAWYER CHARTERED		.	82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
	ALMERIA AVENUE]			<u> </u>			
CUR	AL GABLES FL 33134	•		83					}
				84	City		FI	85 Zi	p Code
11 0	to the provisions of Sections 607.0502	and 607 1509 Elorida Statutae	the at	2016	-named corn	poration submits this statement for the	numnee of	changing i	its registered
office or re agent. I at	to the provisions of Sections 607.0502 is egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was authors of Section 607.0505, Florida	orized Statu	by t ites.	the corporation	on's board of directors. I hereby acce	pt the appoir	ntment as	registered
	*								
SIGNATURE	·								
	Signature, typed or printed name of registered agent a			Agent	t signature require	ad when reinstating)	DATE AN	D DIDEC.	FORS IN 12
12.	- OFFICERS AND	DIRECTORS	13.		signature require	ad when reinstating) ADDITIONS/CHANGES TO OF			
12.	OFFICERS AND PSTD		13.	LE	t signature require	of when reinstating) ADDITIONS/CHANGES TO OF		D DIREC	
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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.

6.4 CITY-ST-ZIP

SIGNATURE: