Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

☐ Yes Agent

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## OCHMENT #

1. Corporation Name  HDRIVE CATTLE COMPANY,	· <del>-</del> -			
Principal Place of Business	Mailing Address		•	
8801 INTERNAITONAL DR ORLANDO FL 32819	8801 INTERNAITONAL DR ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 12/20/1996
Principal Place of Business     21	2a. Mailing Address			4. FEI Number 59-3414258
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5
Zip Country	Zip 29 3	Country		This corporation owes the current year Intangible     Personal Property Tax.
	of Current Registered Agent			10. Name and Address of New Registered Agent
HUANG, JESSICA		81	Name	Address (P.O. Box Number is Not Acceptable)
5558 OSPREY ISLE LANE			Gueet	Agains (1.10) Box No. 110
ORLANDO FL 32819		83		
		84	,	FL  85
office or registered agent or both in t	607.0502 and 607.1508, Florida Statutes he State of Florida. Such change was aut he obligations of, Section 607.0505, Florid	norized by	the corp	corporation submits this statement for the purpose of changi oration's board of directors. I hereby accept the appointment
SIGNATURE				DATE
Signature, typed or printed name of re-	gistered agent and title if applicable. (NOTE: R	13.	ı signature i	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRI
TITLE PS	DELETE	1.1 TITLE		□ Ch
NAME HUANG, LOUIS S		1.2 NAME		

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90168 018 \*\*\*150.00

Signature, types of printed manner of registered agent and title if applications.   (NOTE: Registered Agent and title if applications.)				j							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 607.505.P, Florida Statutes. Florida Statutes. I further certify that the information supplied with miss fining does not qualify for the exem/state.					,				FL		
Signature, lyand or protein name of registered agents and tills if implications, (NOTE Registered Agents and public protein dependent and tills) in special policy. (NOTE Registered Agents and public protein and tills) in special policy. (NOTE Registered Agents and public protein and tills) in special policy. (NOTE Registered Agents and public protein and tills) in special policy. (NOTE Registered Agents and public protein and tills) in special policy. (NOTE Registered Agents and public protein and tills) in special policy. (NOTE Registered Agents and till and till and till and till and till and tills) in special policy. (NOTE Registered Agents and till and tills) in special policy. (NOTE Registered Agents and till and tills) in special policy. (NOTE Registered Agents and till and ti	office or re	adistered agent, or both, in the State of Florida, Such	i change was autho	orized by	the corn	d corporation submits poration's board of dir	this statement ectors. I hereb	for the purpo y accept the	se of chan appointmer	ging its re nt as regi:	egistered stered
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   PS	SIGNATURE								TC		
THE PS HUANG, LOUIS S HUANG, LOUIS S 12 NAME STREET ADDRESS OSPREY ISLE LANE ORLANDO FL 32819					nt signature					DEATAB	C IN 42
HUANG, LOUIS S STREET ADDRESS STREET	12.					ADDITIO	NS/CHANGES	TO OFFICE			
STREET ADDRESS ORLANDO FL 32819  TITLE  VT  DELETE  21 TITLE  VT  STREET ADDRESS STREET ADDRESS  ORLANDO FL 32819  14 CITY-ST-ZIP  CITY-ST-ZIP  ORLANDO FL 32819  DELETE  31 TITLE  32 NAME  32 NAME  32 NAME  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  51 TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  51 TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  54 NAME  55 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  56 NAME  57 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  57 NAME  58 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  58 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  14 LINE PLOY (IN IN I	TITLE	PS	☐ DELETE	1.1 TITLE					П,	nange	☐ Addison
ORLANDO FL 32819  TITLE  VT	NAME	HUANG, LOUIS S		1.2 NAME							
TITLE VT DELETE 2.1 TITLE	STREET ADDRESS	5558 OSPREY ISLE LANE		1.3 STREE	ADORESS	s  ·					
TITLE VT DELETE 21 TITLE	CITY, ST. ZIP	ORLANDO FL 32819		1.4 CITY-S	T-ZIP	!					
23 STREET ADDRESS   CITY-ST-ZIP	TITLE	VĪ	☐ DELETE	2.1 TITLE						Change	☐ Addition
23 STREET ADDRESS   CITY-ST-ZIP	NAME	HUANG, JESSICA C		2.2 NAME							
CITY-ST-ZIP  ORLANDO FL 32819  2 4 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ORLANDO FL 32819  2 4 CITY-ST-ZIP  33.1 TITLE 32 NAME 33.2 NAME 33.3 STREET ADDRESS CITY-ST-ZIP  ORLANDE STREET ADDRESS CITY-ST-ZIP  ORLANDE STREET ADDRESS CITY-ST-ZIP  ORLANDE STREET ADDRESS CITY-ST-ZIP  TITLE ORLANDE STREET ADDRESS CITY-ST-ZIP TITLE ORLANDE STREET ADDRESS CIT				2.3 STREE	T ADDRESS	<u>,                                    </u>		-			•
TITLE				•							
NAME		OND HADO TE GEGTO	DELETE		, <u>L</u> ,	†				Change	☐ Addition
STREET ADDRESS  STREET ADDRESS  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  6.3 STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  1.4 Linearly certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information			_	32 NAME							
3.4. CITY-ST-ZIP  TITLE  NAME  A.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.1 TITLE  A.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  S.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  1.4 I hereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	Y				T ADDDESS	,					
DELETE   DELETE   4.1 TITLE   Change   Addition						<b>'</b>					
NAME NAME 4. 2 NAME 5TREET ADDRESS 6TITY- ST- ZIP  TITLE NAME 5TREET ADDRESS			T DELETE		51-ZIP	+				Change	☐ Addition
A 3 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE S1 TITLE S1 STREET ADDRESS STREET ADDRESS STREET ADDRESS S1 STREET ADDRESS	TITLE		□ pereie						٠	o nango	
Addition  Addition  ADDITITE  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  6.2 NAME  6.3 STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  1.4 I hereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME										
TITLE DELETE 5.1 TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST- ZIP  DELETE  6.1 TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST- ZIP  6.2 NAME  6.3 STREET ADDRESS  CITY-ST- ZIP  14. Thereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	STREET ADDRESS			4.3 STREE	TADDRESS	8					
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  14.   hereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP			44 CITY-S	T-ZIP						
5.3 STREET ADDRESS CITY-ST-ZIP TITLE  DELETE 6.1 TITLE  NAME STREET ADDRESS CITY-ST-ZIP  6.2 NAME 6.3 STREET ADDRESS 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	TITLE		☐ DELETE	5.1 TITLE					υ,	Change	Addition
STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.1 TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4 Thereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME			5.2 NAME							
OITY-ST-ZIP    DELETE   6.1 TITLE   Change   Addition	\$TREET ADDRESS			5.3 STREE	TADDRESS	3					
NAME  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY- ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition
STREET ADDRESS  6.3 STREET ADDRESS  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	NAME			6.2 NAME							
CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the exercition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	٠ , ا			6.3 STREE	T ADDRESS	3					•
14. Thereby 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				6.4 CITY-S	T-ZIP						
	14. I hereby o	ertify that the information supplied with this filing doe	s not qualify for th	e exempt	ion state	ed in Section 119.07(	3)(i), Florida S	atutes. I furth	er certify th	at the inf	ormation

indicated on trits 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 all 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: