## 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

## DOCUMENT # **P97000002735**1. Corporation Name

TAKE A HIKE, INC.

Principal	Place	οf	Rus	iness

7045 GOLF POINTE CIRCLE TAMARAC FL 33321

Mailing Address

7045 GOLF POINTE CIRCLE

TAMARAC FL 33321

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90037 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					01/10/1997		}			
2. Principal P	al Place of Business 2a. Mailing Address				4. FEI Number	Applied	d For			
21	26				65-0722476	Not Ap	plicable			
Suite, Apt.						\$8.75 Addi	tional			
22	27				-5. Certifcate of Status Desired	Fee Requir	ed			
City & State City & State				6. Election Campaign Financing	\$5.00 May	v Be				
¬ •••, • • • • • • • • • • • • • • • • •				Trust Fund Contribution	Added to Fe					
Zip			Country	ntry 8. This corporation owes the current year Intang		angible				
24	25			Personal Property Tax. ☐ Yes ☑ No						
24	9. Name and Address of Current				10. Name and Address of New Registered	Agent				
		3.72	81	Name	,					
VALINSKY; JAY			00	O C A A A A A A A A A A A A A A A A A A						
ONE	ONE FINANCIAL PLAZA STE 2308		82	82 Street Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE FL 33394		83	83							
					[24 年。 (1) 第4 音音的 [2] [4] [4] [4]	祖等是被推荐的。				
			84	City	programme and the control of the con	85 Zip Code	9			
					poration submits this statement for the purpose of	changing its regi	istored			
office or r	egistered agent, or both, in the State (	of Florida. Such change was aut	thonzed by	the corporate	on's board of directors. I hereby accept the appoin	ntment as registe	ered			
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes		•					
SIGNATURE	v.			_						
	Signature, typed or printed name of registered agent			nt signature require	ed when reinstating) DATE	D DIDEOTODO	<del></del> ;			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN		Addition			
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NAME	JACKOWITZ, DAVID		1.2 NAME							
STREET ADDRESS	7045 GOLF POINTE CIRCLE		1.3 STREE	TADDRESS			1			
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-S	T-ZIP		<u> </u>	}			
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NAME			2.2 NAME							
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- '	•		2.4 CITY-5			•				
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NAME			5.2 NAME		3					
STREET ADDRESS			5.3 STREE	T ADDRESS	•		. j   .			
•	1.		5.4 CITY-S	T-ZIP			}			
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		<del>-</del> ·	6.2 NAME		44		-			
NAME			i	TADDRESS						
STREET ADDRESS					•					
CITY-ST-ZIP ·			6.4 CITY-S	11-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.

SIGNATURE: