PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004883 (9) 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

2101 CORPORATE BLVD. N.W.

YOUNG, IRA L ESQ.

BOCA RATON FL 33431

SEND-A-HUG, INC.

26

27

28

29

Zip

7148 BERA CASA WAY BOCA RATON FL 33433

Suite, Apt. #, etc.

#300

SIGNATURE:

City & State

21

22

23

24

Zip

Principal Place of Business

2. Principal Place of Business

Mailing Address

7148 BERA CASA WAY BOCA RATON FL 33433

2a. Mailing Address

City & State

Suite, Apt, #, etc.

APPROVED



98 DEC 31 AM 11: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



REINSTATEMEN 3. Date incorporated or Qualified 01/13/1997 4. FEI Number 65 -0720684 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ___ Yes 10. Name and Address of New Registered Agent Name

Street Address (P.O. Box Number is Not Acceptable)

84 City 85 Zip Code

Country

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office or	registered agent, or both, in the State of Florida. Sam familiar with and accept the obligations of, sec	uch change was a	authorized by the corporation	ration submits this statement for the purpose of changing its registered, on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Se Uttlevilla			
	Signature, typed or printed name of registered agent and title if applic		TE: Registered Agent signature requ	
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	SCHNEIDER, ROBERT		1.2 NAME	
STREET ADDRESS	7168 VIA PALOMAR		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	_	1.4 CITY-ST-ZIP	
TITLE	VD	DELETE	2.1 TITLE 🛣	Change Addition
NAME	SCHNEIDER, LAURA		2.2 NAME	6000027373467 -01/12/9901005004
STREET ADDRESS	7168 VIA PALOMAR		2.3 STREET ADDRESS	-01/12/9901005004
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP -	****750.00 ****750.00
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	 •
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-Z			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
חתב	, , , , , , , , , , , , , , , , , , , ,	DELETE	5.1 TITLE	Change Addition
NAME			5,2 NAME	N. Carlo
STREET ADDRESS			5.3 STREET ADDRESS	/ / <u>/</u>
CITY-ST-ZIP			5.4 CITY-ST-ZIP	(\L'3/
TITLE		DELETE	6.1 ΠΤLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-\$T-7IP	

6.4 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 expan affactment with an address.

561-3471973

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 03/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000004883 (9)

SEND-A-HUG, INC.

Principal Place of Business	Mailing Address			
7148 BERA CASA WAY BOCA RATON FL 33433	7148 BERA CASA WAY BOCA RATON FL 33433			

, 311			DO NOT WRITE IN	THIS SPACE
			3. Date Incorporated or Qualified	-
	<u> </u>		01/13/1997	
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	26		65-0720684	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
25 9. Name and Address of Cur	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
	telit Kegistered Agent	81 Namé (10. Name and Address of New Registe	aed Agent
YOUNG, IRA L ESQ.		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	overt Johnson	
2101 CORPORATE BLVD. N.W.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
#300		83	BERA CASA WAY	
BOCA RATON FL 33431		°°		
· ·		84 City	. 0	E 85 Zip Code
		13 0c		- S37
ursuant to the provisions of sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corporation	ration submits this statement for the purpose	of changing its registered
ent. I am familiar with, and accept the ob	oligations of, section 607,0505, Flo	orida Statutes.	on's board of directors. I hereby accept the a	ppolitique la registerea
URE dest Sit	neute Kessert	SCHNEIDER PL	. 12	128198
Signature, typed or printed name of registered a		OTE: Registered Agent signature requ		····
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
PD	DELETE	1.1 TITLE		Change Additio
\ SCHNEIDER, ROBERT		1.2 NAME		
Ess 7168 VIA PALOMAR				
BOCA RATON FL 33433				
VD	DELETE	2.1 TITLE		Change Addition
SCHNEIDER, LAURA		2.2 NAME		
7168 VIA PALOMAR		2.3 STREET ADDRESS		
BOCA RATON FL 33433		2.4 CITY-ST-ZIP		
	DELETE	3.1 TITLE		Change Additio
1	المال ا	3.2 NAME		C Change C Finding
	•	3.3 STREET ADDRESS	•	
	<u> </u>	3.4 CITY-ST-ZIP		<u> </u>
1	L DELETE			Change Addition
\		4.2 NAME		
1		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
1	DELETE	5.1 TITLE		Change Addition
		5.2 NAME		*
		5.3 STREET ADDRESS		
1		5.4 CITY-ST-ZIP		_
	DELETE	6.1 TITLE		Change Addition
1		6.2 NAME		
1		6.3 STREET ADDRESS		
1				
		6,4 CITY-ST-ZIP		

at 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 innual 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 for 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 it is changed, or onan apacitine it with an address.