Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90084 041 ***150.00

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 # P97000018396

1. Corporation Name

I & I HA	CING, INC.							
Principal Place	e of Business	Mailing Address				{))
8917 B MAISLIN DRIVE TAMPA FL 33637		8917 B MAISLIN DRIVE TAMPA FL 33637				DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed		
						02/24/1997		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Aı	pplied For
21		26				59-3429237		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		A ditional equired
City & State	e	City & State				6. Election Campaign Financing		May Be
23	Country	28 Zin		ıntry		Trust F und Contribution		it rees
Zip	Cour try	Zip 29	30	лиц у		 This corporation owes the current Personal Property Tax. 	year mangione 1524 Yes	·⊒No
24	9. Name and Address of Curre		130	_		10. Name and Address of New Reg.		
	5. Italie and radioss of Sales			81	Name			
REID	DY, IRVIN				C4	(D.O. De: Number in Not Acceptable	<u> </u>	
8917	7 B MAISLIN DRIVE			82	Street At di	ress (P.O. Bo> Number is Not Acceptable	,	
TAMPA FL 33637				83				
				84	Cit.		85 Zip	Code
				84	City		FL S 2	Code
office cro	to the provisions of Sε ctions 607.05 egistered agent, or bo h, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorizei	d by II	named ccrp he corporation	oration submi s this statement for the pur on's board of directors. I hereby accept the	pose of changing its le appointment as re	registered g stered
SIGNATURE								
	Signature, typed or printed na ne of registered ag				signature require	ADDITIONS/CHANGES TO OFFIC	DATE AND DIRECTO	OUS (N. 12
12.	P OFFICERS A	NE DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	Change	Addition L
TITLE	l <u>"</u> .	DELETE	1.1 TITLE 1.2 NAME				<u>_</u> ,	ſ
NAME	REIDY, IRVIN 8917 B MAISLIN DRIVE				ADDRESS .			
STREET ADDRE 3S	TAMPA FL 33637			ITY-ST-	Į.			}
CITY-ST-ZIP TITLE	V	DELETÉ	2.1 TI		- ZIF		☐ Change	Addition
NAME	ERSKINE. TEDDY	_	2.2 NAME					ĺ
STREET ADDRESS	8917 B MAISLIN DRIVE		2.3 STRE		ADDRESS			
CITY-ST-ZIP	TAMPA FL 33637		2. 4 CITY					
TITLE		☐ DELETE	3.1 T				Change	☐ Addition
NAME.			3.2 NAME					i
STREET ADDRE IS			33 STREET ADD		ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		- ZIP			
TITLE		☐ DELETE	4.1 TITLE		1		☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS	4.		4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY- S		ZIP			
TITLE		☐ DELETE	5.1 T				☐ Change	☐ Addition
NAME			5.2 N	IAME				

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 im 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 attach nent with an address, with a light empowered.

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Addition

Change