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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700039810 (1)

HEBEL ENTERPRISES, INC.

FILED May 13 1998 8:00am Secretary of State



4-78-00

	or Business	Mading Address							
508 S.W. 19 S OKEECHOBEE		P.O. BOX 687 OKEECHOBEE FL 34973		ļ					
UNCEUTUBEE	. FE 34874	ONECOHODEE FL 343/3				DO NOT WRITE	IN THIS SP	ACE	
				F	3. Da	ate Incorporated or Qualified			
				ļ	0	5/01/1997			
2. Principal Pi	ace of Business	2a. Mailing Address			4. F	Number		I A	plied For
27 /775	SE GLANC	26				5-0256879	7	No	t Applicable
Suite, Apt. 4	#, etc	Suite, Apt. #, etc.				ertificate of Status Desired	\Box	\$8.75	Additional
22		27			9. Ce	entiticate of Statos Desireo		Fee R	equired
City State	cababas El	City & State				ection Campaign Financing	_		May Be
23 MC	Chobec, FL	28				ust Fund Contribution			to Fees
20 A	1# Country	Zip	Country			nis corporation owes or has pa	_		
24 077	9. Name and Address of Curren		30	<u> </u>		ersonal Property Tax due Jurie ame and Address of New Re-] No
MET	TZGER, URSULA	r ricgistered Agent	81	Name	10, 14	and and Address of New Ho	Signatura WE	JOIN	
	BOUTH DIXIE HIGHWAY								
	TE 207		82	Street Address	s (P.O.	. Box Number is Not Acceptab	ile)		
	MI FL 33143		63						
mil/	NY 1			· · · · · · · · · · · · · · · · · · ·					
			84	City			FL	85 Zip	Code
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607 1508 Florida Statute	cs the above	named corpora	ation s	ubmits this statement for the p	urnose of c	hanging i	s registered
office or re	gistered agent, or both, in the State.	of Florida. Such change was a	authorized by	the corporation	n's boa	ird of directors. I hereby accep	ot the appoi	ntment as	registered
	n familiar wi th, and accept the obliga	mons or, section 607.0505, ric	mua Statutes.						
-									
SIGNATURE _	Signature, typod or present name of respectived age	of and the itapplicable (NOB	t : Registered Agen	t signature required	when rein	nstating)	DATE		
SIGNATURE _	Signature typed or present name of region ed age OFFICERS AND		t: Registered Agen	t signature required				DIRECTOR	RS IN 12
SIGNATURE	OFFICERS AND			1.00	ADI	DITIONS/CHANGES TO OFFIC	ERS AND C	DIRECTOF Change	RS IN 12
SIGNATURE _	OFFICERS AND THEBEL, THOMAS	DIRECTORS	13.	1.00	ADI	DITIONS/CHANGES TO OFFIC	ERS AND C		
SIGNATURE 12.	OFFICERS AND HEBEL, THOMAS 508 S.W. 19 STREET	DIRECTORS	13.	1.00	ADI	DITIONS/CHANGES TO OFFIC	ERS AND C		
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