PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000047854

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90186 021 ***150.00

I-A-P- II	HUSTOU, INC.		-								181 8 181 8181 1 88 1	
Principal Place			illing Address									
1133 FOURTH STREET, SUITE 304 1133 FOURTH STREET, SUI SARASOTA FL 34236 SARASOTA FL 34236				E 304								
DARADUIA FE 34230 DARADUIA FE 34230								DO NOT WRITE IN THIS SPACE				
						ſ	3.	Date Incorporated or Qualifed			` }	
					_			05/21/199 <u>7</u>				
2. Principal Pl	lace of Business	2a.	Mailing Address					FEI Number		\vdash	Applied For	
21		26						<u>59-3451411</u>			Not Applicable	
Suite, Apt.	#, etc.	\Box	Suite, Apt. #, etc.			1	5.	Certifcate of Status Desired		• -	5 Additional	
22	<u> </u>	27						<u> </u>			Required	
City & State	e	\vdash	City & State					Election Campaign Financing			0 May Be	
23	Country	28	7in	Count				Trust Fund Contribution			u to rees	
Zip	Country	——————————————————————————————————————	Zip	_	У	-		This corporation owes the curr Personal Property Tax.	ent year inta	angible ∐Yes	□No	
24	9. Name and Address of Curren	29 29 at Pegist	tered Agent	<u>u</u>		l		Name and Address of New I	Registered /			
	5. Name and Address of Curren	it itegisi	terau regain	8	1 Name				V	<u></u>		
BUS	HERE, JERRY L			L				Y L. BUSIERE	-61-3			
	FOURTH STREET, SUITE 304			8	2 Street A	Addres 6.3	s (P. 01	O. Box Number is Not Accept 26th Ave. E	able)			
SAR	ASOTA FL 34236	•		8	3		<u> </u>					
				_						72		
				8				enton	FL		34208	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 60	07.1508, Florida Statutes	, the abo	ve-named	corpora	ation	submits this statement for the	purpose of nt the annoir	changing	its registered registered	
office of re	egistered agent, or both, in the State of the high familiar with, and accept the obliga-	tions of	Section 607 0505 Florid	la Statute	s.	Jiauoii	3 000	ard of directors. Thereby dood	/ /	/		
agent. i a	the facilities with and adaptive me online	ations of,	Section cor. coos, i lone								· ·	
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SIGNATURE	Signature, types or printed name of registered ager	ent and title if	f applicable. (NOTE: R	tegistered Ag	ent signature re	equired w			3///	/99	TOPS IN 12	
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SIGNATURE 12.	Strature, types or printed name of registered ager OFFICERS AN	ent and title if	f applicable. (NOTE: R	13.	ent signature re	equired w			JATE FICERS AN	9 D DIREC □ Chang		
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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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS