## 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 # P97000072688

1. Corporation Name HALFBREED, INC.

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90012 015 \*\*\*150.00



Principal Place	of Business	Mailing Address	Mailing Address			1 1301/60) (10 10/11 10/11 00/11 00/11 00/11 00/11	9010 HUID BHD:	15161 (51) 1881	
2590 HOLLYWO	OOD BLVD.	2590 HOLLYWOOD BLVD.							
HOLLYWOOD F	L 33020	HOLLYWOOD FL 33020	LLYWOOD FL 33020						
{						DO NOT WRITE IN THIS	SPACE	<del></del>	
						3. Date Incorporated or Qualifed 08/20/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For	
21		26				NOT APPLICABLE		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		· 
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country Zip C			intry		8. This corporation owes the current year Into	angible	ļ	
24	25	29	30		_	Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name			Į	
VAUGHT, LARRY E JR				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	HOLLYWOOD BLVD.		Street Add			(1.0. DOX Hamber is Not Neceptable)			
HOL	LYWOOD FL 33020			83					
							Tabl 30 2		
				84	City		85 Zip C	,ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent :	signature require	d when reinstating) DATE		—— }	=
12.	OFFICERS AND		13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	(11/98)
TITLE	PD	☐ DELETE	1.1 TI	TLE			☐ Change	☐ Addition	7
NAME	VAUGHT, LARRY E		1.2 N	1.2 NAME				)	¥
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C/TY-ST-ZIP	HOLLYWOOD FL 33020		1.4 C	TY-ST-	ZIP !	•			R2E034
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CITY-ST-ZIP		☐ DELETE	5.1 TI		<u> </u>		[] Change	☐ Addition	
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CITY-ST-ZIP		☐ DELETE	6.1 TI				Change	☐ Addition	
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NAME.					DDRESS				
STREET ADDRESS								-	
CITY-ST-ZIP			6.4 C	TY-\$T-	دام ا				

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 trueland 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 man attachment with an eddress, with all other like empowered.

SIGNATURE: