## 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

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90086 036 \*\*\*150.00

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Corporation Name

HEXUL IN	G.				*						
Principal Place	cipal Place of Business Mailing Address						ierine Te <u>iri r</u> eeni eenn een	•			
			1750 SW 4TH AVENUE BOCA RATON FL 33432				DO NOT WRITE	E IN THIS	SPACE	:	
						08/25/19					
2. Principa Pla	ce of Business	2a. Mailing	Address			4. FEI Numbe 65-0783				Applied For Not Applicab	le
Suite, Apt. #, etc.  22  City & S:ate		Suite, Apt. #, etc.				5. Certifcate of Status Desired			\$8.75 Additional Fee Recuired		
		City & S	City & State			6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip			 [:	Country 30			ration owes the curre	nt year Int	angible	[ <b>2</b> ]No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
SEBBANE, MARC 1750 SW 4TH AVENUE BUCA RATON FL 33432			81 82 83	82 Street Acdress (P.O. Box Number is Not Acceptable)							
				84	,			FL	.	Zip Code	
office criter	the provisions of Sections 607.056 gistered agent, or both, in the State familiar with, and accept the obliga	erf Florida, Such	change was au	ithorized by	the corporation	ration submits the	is statement for the p ctors. I hereby accept	urpose of the appoi	changin ntment a	ig its registered as registered	1
SIGNATURE _			ALOT 5	Continued Acc	nt signature required	when respectations)		DATE			
					ii signamie requieu		CHANGES TO OFF		ND DIRE	CTOF:S IN 12	_
14.											-

Addition ☐ DELETE Change 1.1 TITLE TITLE SEBBANE, MARC 12 NAME NAME 1750 SW 4TH AVENUE 13 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 corpora ion 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 attack ment with an address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

04.07.99

561 416 1815

CR2E034 (11/98)