

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90095 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000107060

1. Corporation Name  
HAPPY CORPORATION

Principal Place of Business  
2854 NORTH CITY RD 470  
LAKE PANASOFFKEE FL 33538

Mailing Address  
2854 NORTH CITY RD 470  
LAKE PANASOFFKEE FL 33538

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

59-3482366

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, GAUTAM R  
2854 NORTH CITY RD 470  
LAKE PANASOFFKEE FL 33538

81 Name PATEL JANAK C

82 Street Address (P.O. Box Number is Not Acceptable)

2854 N. COUNTRY RD 470

83

84 City LAKE PANASOFFKEE

FL

85 Zip Code 33538

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 required when reinstating)

DATE

01-19-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME PATEL, GAUTAM  
STREET ADDRESS 2854 NORTH CITY RD 470  
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE VP  
NAME PATEL, JANAK C  
STREET ADDRESS 328 E. HWY 476  
CITY-ST-ZIP BUSHNELL FL 33513

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE S  
NAME PATEL, BELLA J  
STREET ADDRESS 328 E. HWY 476  
CITY-ST-ZIP BUSHNELL FL 33513

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-19-99

352-743-5252

CR2E034 (1/1/98)