

PROFIT CORPORATION ANNUAL REPORT

1999 AMENDED



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

DOCUMENT # P98000003524

1. Corporation Name

HEADMAN, INC.

Principal Place of Business

Mailing Address

1007 E. Las Olas Boulevard 1007 E. Las Olas Boulevard
Ft. Lauderdale, Florida 33301 Ft. Lauderdale, FL 33301

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1007 E. Las Olas Blvd.

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 1007 E. Las Olas Blvd.

Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30 USA

3. Date Incorporated or Qualified

1/12/98

4. FEI Number

65-0806202

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

Jesse Briggs
1007 E. Las Olas Boulevard
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81 Name William R. Clayton, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street
83 17th Floor
84 City Miami FL 85 Zip Code 33232

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)

6/19/99

12. OFFICERS AND DIRECTORS

TITLE Director ☐ DELETE
NAME Jesse Briggs
STREET ADDRESS 1007 E. Las Olas Boulevard
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE Director ☐ DELETE
NAME Blanca F. Briggs
STREET ADDRESS 1007 E. Las Olas Boulevard
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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*****61.25 ☐ Change ☐ Addition

SP

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

JESSE BRIGGS, DIRECTOR

4-12-99

Date

Daytime Phone #

00011/00000000