**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90149 043 \*\*\*150.00

1. Corpore do	MENT # P9800( A HOME INDUSTRIES, INC							
Principal P ac	e of Business	Mailing Address				- 1 105,1000 tin 16101 tallt 00llt 00itt 00ttl 00ttl 00ttl 60101 ofter	1 (1118)	3163 1111 1881
1555 SW 21 AVE 1555 SW 21 AVE FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308						DO NOT WRITE IN THIS SPACE	=	
						3. Date I reorporated or Qualifed 01/16/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 650812048	+- <del></del> -	lied For Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.	75 A	dditional
22     27								May Be
23 28 28								Fees
Zip <b>24</b>	Country Zip 29		Count	try		8. This corporation owes the current year intangible Personal Property Tax.	<u> </u>	□No
	9. Name and Address of Curre					10. Name and Address of New Registered Agent		
KAY, MARVIN 1555 SW 21 AVE				81	Name			
			8	82	Street Addre	ess (P.O. Bo:: Number is Not Acceptable)		
	AUDERDALE FL 33308		1	83				
			1	B4	City	FL  85	Zip C	ode
						oration submits this statement for the purpose of changi	a ito	enistered
SIGNATUFE  Signature, typed or printed nome of registered agen and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS				Registered Agent signature req		when reinstating:  ADDITIONS/CHANGES TO OFFICERS AND DIRE	СТО	RS IN 12
TITLE	D	☐ DELETE		1.1 TITLE 1.2 NAME		☐ Ch	ange	☐ Addition
NAME	KAY, MARVIN		1					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	D DELETE 2.1			1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Ch	ange	Addition
NAME			2.2 NAM					
STREET ADDRESS	1555 SW 21 AVE		1	2.3 STREET ADDRESS				,
CITY-ST-ZIP	FT LAUDERDALE FL 33308		_	2.4 CITY-ST-ZIP		□ Ch	ange	Addition
NAME		- Berrie	3.2 NAM				·	
STREET ADDRESS			3.3 STR	EET	ADDRESS			
CITY-ST-ZIP			3 4 CIT		r-ZiP			Addition
TITLE				4.1 TITLE 4. 2 NAME		☐ Ch	ange	Addigon
NAME STREET ADDRESS					ADDRÉSS			
CITY-ST-ZIP				4 4 CITY-ST-ZIP				
TITLE		☐ DELETE				□ Ch	ange	Addition
NAME			5.2 NAM 5.3 STR		ADDRESS :			
STREET ADDRESS			5.4 CIT					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL			□ Ch	ange	Addition
NAME			6.2 NAM					
STREET ADDRESS	3				ADDRESS			
CITY-ST-ZIP			6.4 CITY	Y-ST	-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 of the receiver of 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 changes, or on an attachment with an address, with at other like empowered.

SIGNATURE: