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 # P98000017495

1. Corporation Name

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90023 050 ***150.00

| IN. I. CIN | HERFRISES INC. | | | | | | | |
|---|---|---|------------|------------|----------------|---|--|--|
| Principal Place | e of Business | Mailing Address | | | | I (BBILBRI tis ifindt ifict Getir Genit Bbis Ghen neur neus eret eret sen isse: | | |
| 15117 NATUREWALK DRIVE TAMPA FL 33624 | | 15117 NATUREWALK DRIVE TAMPA FL 33624 | | | | DO NOT IMPLIE IN THE CRACE | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | 1.0.14.50.4.11 | | | | 02/23/1998 | | |
| ─ , ` | lace of Business | 2a. Mailing Address | | | N | 4. FEI Number Applied For Not Applicable | | |
| 21 | | 26 3837 North Date BlyD Suite, Apt. #, etc. | | | <u> NYU</u> | Not Applicable \$8.75 Additional | | |
| Suite, Apt. #, etc. | | 27 6 # 114 | | | | 5. Certificate of Status Desired | | |
| City & State | | City & State | | | l . | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 1 Amps | | <u> </u> | <u> </u> | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | | untry | 11. | 8. This corporation owes the current year Intangible | | |
| 24 | 25 | 29 33 60 | 30 | <u> #1</u> | 115_ | Personal Property Tax. | | |
| | 9. Name and Address of Curren | t Registered Agentl | | 81 | Name | 10. Name and Address of New Registered Agent | | |
| LIHE | EMAN IEEE | | | *' | Name | | | |
| HUFFMAN, JEFF 15117 NATUREWALK DRIVE | | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| | PA FL 33624 | | | | | | | |
| 17th | FA 1 L 30024 | | | 83 | | | | |
| | | | | 84 | City | FL 85 Zip Code | | |
| 44 = . | | 0 C07 4500 Florido Stat | utaa tha s | <u> </u> | namod o | | | |
| 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 | | | | | | | | |
| 010147110112 | Signature, typed or printed name of registered agen | | | | t signature re | required when reinstating) DATE | | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PD | ☐ DELETE | 1.1 T | | - | Change D Addison | | |
| NAME | HUFFMAN, JEFF | | | AME | | | | |
| STREET ADDRESS | 15117 NATUREWALK DRIVE | | | | ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33624 | C PELETE | | ITY-ST | -ZiP | ☐ Change ☐ Addition | | |
| TITLE | VPD | ☐ DELETE | 2.1 T | | Ţ | Gridings Journal | | |
| NAME | HUFFMAN, CHERYL | | | IAME | | | | |
| STREET ADDRESS | 15117 NATUREWALK DRIVE | | | | ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33624 | □ DELETE | | DITY-S | T-ZIP | ☐ Change ☐ Addition | | |
| TITLE | | | 3.1 T | | | | | |
| NAME | | | 3.2 N | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | □ DELETE | _ | CITY-SI | 1-212 | Change Addition | | |
| TITLE | | | | NAME | 1 | | | |
| NAME | | | - 6 | | ADDOCES | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4,4 C | TTY-ST | -217 | Change Addition | | |
| TITLE | | _ 50,00,00 | | AME | | | | |
| NAME | | | | | ADDRESS | · | | |
| STREET ADDRESS | | | • | ITY-ST | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | | ITLE | | Change Addition | | |
| NAME | | | | IAME | | | | |
| STREET ADDRESS | , | | | | ADDRESS | | | |
| | | | | HTY-ST | 1 | | | |
| CITY-ST-ZIP | i | | | | | L | | |

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 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: