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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000030463 1. Corporation Name

HEFI TAP ENTERTAINMENT INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90104 049 ***150.00

Principal Place	of Business	Mailing Addre	ess	••				ESILI BRITA		61188 1111 1881
100 WORTH AVENUE SUITE 312 100 WORTH AVENUE SUITE				312						
PALM BEACH FL 33480 PALM BEACH FL 33480							DO NOT WRITE	ZINT NI S	SPACE	
							3. Date Incorporated or Qualifed	E IIV TITIS	SFACE	
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5 Data-ta-1 Di	f Dunings	2a Mailina A	ddroce				04/02/1998 4. FEI Number		Ar	oplied For
_	ace of Business	2a. Mailing A	uuress				EIN65-0827183	3		ot Applicable
Suite, Apt. :	# oto	26 Suite, Apt	# etc				LIN 03 COLITE			Additional
	, , etc.	27	m, 0.0.				5. Certificate of Status Desired		*	equired
City & State	3	City & Str	ate				6. Election Campaign Financing	<u> </u>	\$5.00	Maý Be
23	•	28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Count	try		8. This corporation owes the current	nt year Inta	angible	
24	25	29	[3	30	-		Personal Property Tax.	•	Yes	□No
	9. Name and Address of Curre		nt				10. Name and Address of New Re	gistered /	Agent	
				8	81	Name				
RAM	PBELL, PAUL III			-	B2	Stroot Addre	ess (P.O. Box Number is Not Acceptab	ie)		
125	WORTH AVENUE SUITE 202				2	Stiest Addit	ess (F.O. Box Number is Not Acceptab	,,,,,		
PALA	# BEACH FL 33480			1	B3					
				Ļ					ne Zin	Code
				1	B4	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, F	lorida Statutes	s, the abo	ove-r	named corpo	oration submits this statement for the p	urpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such cl	nange was aut	tnorizea t	DY IN	ne corporatio	on's board of directors. I hereby accept	the appoir	ntment as re	egisterea
agent. i ai	III lamiliai wilit, and accept the obing	ations of, decilor of	01.0500, 1 1018	da Olaloi	.00.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: F	Registered A	gent s	signature required	d when reinstating)	DATE	•	
SIGNATURE 12.		ent and title if applicable. ND DIRECTORS	(NOTE: F	Registered A	gent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OFF			
		ND DIRECTORS	(NOTE: F			signature required			D DIRECTO	ORS IN 12
12.	OFFICERS A	ND DIRECTORS		13.	E	signatura requirec				
12.	OFFICERS A D LINDSAY, CHARLES J	ND DIRECTORS		13. 1.1 TITL 1.2 NAM	E	signature required				
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14. I hereby certify that the information supplied with his 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 of supplied 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 section of the section of the corporation of the section of the

SIGNATURE: