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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045345

1. Corporation Name

TAY HATHING INC

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90082 011 ***150.00

JAX HAU	JLING, INC.							
Principal Place	e of Business	Mailing Address				-	1 06 1 0 3100 3061	01001 Dil‡ (04)
Principal Place of Business Mailing Address 3001 SOUTHEAST 10TH AENUE 3001 SOUTHEAST CAPE CORAL FL 33904 CAPE CORAL F			AENUE			,		
0.11.2 00.11.2						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 05/20/1998		}
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0836602	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Serviced Fee Required				
City & State	e	City & State				6. Election Campaign Financing	\$5:00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Into	angible	
24	25	29	30			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent _	<u>2</u> -
				81	Name]
AMERILAWYER 343 ALMERIA AVENUE				82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				83				
								<u></u>
ĺ				84	City	FL	85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorize	ed by 1	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	changing its ntment as re	registered gistered
OIONATORE	Signature, typed or printed name of registered ag-				signature required		D DIDEOT	200 111 40
12.		ND DIRECTORS	13.		- 	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	PSTD	☐ DELETE		TITLE			□ Orialigo	
NAMÉ	LESOINE, JOHN R	14 5 0		NAME)			į ·
STREET ADDRESS	3001 SOUTHEAST 10TH AEN	UE			ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904		1 440	CITY-ST	-ZIP			
TITLE			_		I		Change	Addition
NAME		☐ DELETE	2.1 T	TITLE			☐ Change	Addition
STREET ADDRESS		☐ DELETE	2.1 T	NTLE NAME			☐ Change	☐ Addition
STREET ADDRESS		☐ DELETE	2.1 T 2.2 M 2.3 S	TITLE NAME STREET	ADDRESS		Change	☐ Addition
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		☐ DELETE	2.1 T 2.2 N 2.3 S 2.44	TITLE NAME STREET CITY-ST			☐ Change	_ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.1T 2.2N 2.3 \$ 2.44 3.1T 3.2N 3.3 \$ 3.4.1 4.1T 4.23	NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	T-ZIP ADDRESS T-ZIP		Change	- Addition
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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: