PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047259

1. Corporation Name
PAUL HENDRICKS INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90220 037 ***150.00



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Principal Place of Business Mailing Address 3510 STAINWOOD DR. 3510 STAINWOOD DR.							· (481164: 118 1818) 181											
Sarasõta fl. 3	4232	SARASÕTA	FL 34232				DO NOT WRITE IN THIS SPACE											
							3. Date	e Incorporated or (
'							1	22/1998										
2. Principal Place of Business 2a. Mailing Addres								Number			A	pplied For						
21 26			-				6	5-087	733	8	N	ot Applicable						
Suite, Apt. #, etc. Suite, Apt. #, etc.							5 Cort	ifcate of Status D	ecired		,	Additional						
2227							J. Cert	ilicate of Status Di	esiieu		Fee F	Required						
City & State		City &	City & State				6. Elec	tion Campaign Fi	nancing			May Be						
23		28					 	t Fund Contribution				to Fees						
	Zip Country		Zip Co.				8. This corporation owes the current year Intangible Personal Property Tax. Yes \text{No}											
24	9. Name and Address of Cu	29		30				sonal Property Tax ne and Address		Penisteren	_/\/							
	9. Name and Address of CL	irrent Registered A	gent	8	1 1	Name	IV. Mail	ile alla Address (OI IVEW I	egistered	Agent							
HEND	RICKS, PAUL					_												
	STAINWOOD DR.			8	82 Street Addr			ress (P.O. Box Number is Not Acceptable)										
	SOTA FL 34232		i															
				L		_												
						City				FL	_ '	Code						
11. Pursuant to	o the provisions of Sections 607 gistered agent or both in the S Lamiter with and accept the o	.0502 and 607.1508	, Florida Statut	es, the abo	ve-n	named corpo	ration sub	mits this statemer	t for the	purpose o	f changing it	s registered						
office or re agent, I an	gistered agent, or both in the S familier with, and accept the b	itate of Florida. Such Migations of Section	change.was.a 607/.0505, Flo	iutnorized b irida Statute	y tne es.	e corporation	ns board o	or directors. I nere	oy accep	icule appo	niment as i	C						
DIGNIATION	Maux KI KI	an BARLA							· §-	γ 5	1-15_	7/						
	Signature, typed or printed name of registere				ent si	ignature required			1 70 05	DATE	ND OFFICE	ODE IN 12						
12.	OFFICER	S AND DIRECTORS	DELETE	13.			ADDI	TIONS/CHANGES	S TO OF	PIGERS A	Change							
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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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attainment with an address, with all otherwise empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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