PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P98000056370
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H. J. HOLLER ENTERPRISES, INC.

Principal Plac	e of Business	Mailing Address		1 (Då i i Då i satt ansme såret haver master håver ha	Et Elnin Giten zaris samte ma	(4.11)
10095-68TH WA	•	10085-88TH WAY NORTH) .;.		
SEMINOLE FL		SEMINOLE FL 33777		· · · · · · · · · · · · · · · · · · ·		
				DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed 06/18/1998	-9	
2. Principal P	Place of Bueiness of STN.	2a. Mailing Address 93	d ST.N.	4. FEI Number 3521283	Applied Not Appl	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
22		City & State		a Etertier Compaign Financing	\$5.00 May	
City & Stat	-1-11-100-121-		n-+	6. Election Campaign Financing Trust Fund Contribution	Added to Fee	
23	Country	28 C C C C C C C C C	Country	This corporation owes the current year		
Zip イスト	7/7 m 7 kó (7781	Personal Property Tax.	∏Yes □No	, }
24 00	9. Name and Address of Curren	29	Va la	10. Name and Address of New Registers		
	3, watte and Address of Cure	or codistenen whate	81 Name	The same with the same of the		
ЮН	Ler, Heidi					
	85-88TH WAY NORTH		82 Street Add	ress (P.O. Box Number is Not Acceptable) .		*:-
	AINOLE FL 33777	•	83	<u> </u>		
OC.	MINOCE I C GOITT		103			1:
			84 City	F	85 Zlp Code	
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	02 and 607.1508, Florida Statutes; of Florida. Such change was auth ations of, Section 607.0505, Florida	the above-named corporate Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its regist cointment as registere	ered .
-						
CICNATURE						
SIGNATURE	Signature, typed or printed name of registered ago	int and title if applicable. (NOTE: Re	gistered Agent signature requir			g
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		112 Addition
	Signature, typed or printed name of registered ago OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS		Addition
12.	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	13. 1.1 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS		
12. TILE	Signature, typed or printed name of registered age OFFICERS AN D HOLLER, HEIDI	ND DIRECTORS	13. 1.1 TITLE 12 NAME	additions thanges to officers offer Heidi 2053 934 St. N.		1934
12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D HOLLER, HEIDI	ND DIRECTORS	13. 1.1 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS	Change .	R2E034
12. TITLE NAME STREET ADDRESS	OFFICERS AND HOLLER, HEIDI 10085-88TH WAY NORTH	ND DIRECTORS	13. 1.1 TITLE 12 NAME 13 STRĒET ADDRESS 12	oller Heidi 2053 934 ST.N.	Change □	1934
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14. I hereby certify that the information supplied with this filling 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 cath; 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: HEI DE CHOLLERRE STANDE OF PRINTED HAME OF SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE FOR PRINTED HAME FOR PR

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