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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000073983

1. Corporation Name

HIDE-A-STRAP, INC.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90194 028 ***150.00



Principal Place	e of Business	Ма	iling Address									
3211 36TH AVENUE N.			3211 36TH AVENUE N.				}					
,			PETERSBURG FL 33713									
								DO NOT WRI	TE IN THIS	SPACE		ì
							3. Date Incorpor 08/24/199	rated or Qualifed 8				
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	B		Ap	plied For	
21		26					<u> </u>	528746	·		t Applicable	
Suite, Apt.	#, etc.	27.	Suite, Apt. #, etc.	2			5. Certificate of	Status Desired		\$8.75 A		
City & Stat	te .		City & State				6. Election Carr	paign Financing		\$5.00	May Be	
23	• •	28					Trust Fund C	ontribution		Added t	o Fees	
Zip	Country		Zip	Coun	ry		8. This corporat	tion owes the curr	ent year In	tangible		}
24	25	29		30			Personal Pro	perty Tax.		Yes	□No	Ì
	9. Name and Address of Curr	rent Regist	ered Agent				10. Name and A	ddress of New F	Registered	Agent		
1					11 Na	lame						
	OUTING & TAX HELP, INC.			Į.	12 SI	1	ess (P.O. Box Numb	nor is Not Assent	able)		_	┨
8668	B PARK BLVD.			Ì)# SI	olieet Audit	ess (F.O. BOX Num	nei is Mot Accepta	aule)			ł
SUIT	TE A			<u> </u>	13							
SEM	IINOLE FL 33777			L						11 = .		
					14 Ci	City			FL	85 Zip (Code	ļ
11Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 60 ite of Florid	7.1508, Florida Statute a. Such change was au	s. the ab thorized	ove-na by the	amed corporatio	oration submits this	statement for the		.changing its intment as re	registered gistered	
agent. I a	m familiar with, and accept the obl	igations of,	Section 607.0505, Flori	ida Statui	es.							
SIGNATURE												
				D					DATE			Ì,
	Signature, typed or printed name of registered				gent sign	nature required	d when reinstating)	HANGES TO OF	DATE FICERS AL	ND DIRECTO	RS IN 12	وَ ا
12.	Signature, typed or printed name of registered OFFICERS		CTORS	13.			ADDITIONS/C	HANGES TO OF		ND DIRECTO	PRS IN 12	14 700
12.				13.		P/	ADDITIONS/C	HANGES TO OF			PRS IN 12 Addition	4 /4 /00)
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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 suppliementa/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 trostee 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 adactment with an address, with all other like empowered.

SIGNATURE: X