

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90131 028 ***150.00

DOCUMENT # P98000078659

1. Corporation Name
HOLONOMIC RADIANCE, INC.

Principal Place of Business
577 E. SAMPLE ROAD
POMPANO BEACH FL 33064

Mailing Address
577 E. SAMPLE ROAD
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1998	
4. FEI Number 65-0865428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2205 Wilton DR Suite, Apt. #, etc. 22 City & State 23 Wilton Manors, FL Zip 24 33305 Country 25 USA	2a. Mailing Address 26 2217 Wilton DR Suite, Apt. #, etc. 27 # 103 City & State 28 Wilton Manors, FL Zip 29 33305 Country 30 USA
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9. Name and Address of Current Registered Agent

HOFFMAN, ASA J
577 E. SAMPLE ROAD
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name Asa J. Hoffman	85 Zip Code 33305
82 Street Address (P.O. Box Number is Not Acceptable) 2217 Wilton DR #103	
83	
84 City Wilton Manors	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

TREASURER

4-29-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, GWENDOLYN H	1.2 NAME	
STREET ADDRESS	577 E. SAMPLE ROAD	1.3 STREET ADDRESS	2217 Wilton DR #103
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	Wilton Manors, FL 33305
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, KIM E	2.2 NAME	
STREET ADDRESS	577 E. SAMPLE ROAD	2.3 STREET ADDRESS	2217 Wilton DR #103
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	Wilton Manors, FL 33305
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, ASA J	3.2 NAME	
STREET ADDRESS	577 E. SAMPLE ROAD	3.3 STREET ADDRESS	2217 Wilton DR #103
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	Wilton Manors, FL 33305
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, ALBA N	4.2 NAME	
STREET ADDRESS	577 E. SAMPLE ROAD	4.3 STREET ADDRESS	2217 Wilton DR #103
CITY-ST-ZIP	POMPANO BEACH FL 33064	4.4 CITY-ST-ZIP	Wilton Manors, FL 33305
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

SIGNATURE REQUIRED Hoffman

4-29-99

561-499-2350

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)