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

PROFIT CORPORATION ANNUAL REPORT 1999



P98000080390

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name DR. HOOK'S LURES, INC.

DOCUMENT #

Principal Place of Business 1735 LANDS END ROAD MANALAPAN FL 33462

2. Principal Place of Business

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134

Pursuant to the provisions of Soffice or registered agent, for to agent. I am familiar with, and a

Suite, Apt. #, etc.

City & State

21

22

23

Zip 24

SIGNATURE

12.

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS

CITY-ST-ZIP TITLE

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 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 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: Undres Paratheodoros

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

May 07, 1999 8:00 am — Secretary of State

05-07-1999 90128 002 ***150.00

K'S LURES, INC.				
of Business	Mailing Address			
O ROAD 33462	1735 LANDS END ROAD MANALAPAN FL 33462		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed	
			09/17/1998	
ce of Business	2a. Mailing Address		4. FEI Number Applied For	
	26		Not Applicable	
, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Country	Zip	Country	8. This corporation owes the current year Intangible	
25	29	30	Personal Property Tax.	
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	,	81 Name C	ncistos Papatheodorou	
NLAWYER			ress (P.O. Box Number is Not Acceptable)	
LMERIA AVENUE		- Care Magn		
IL GABLES FL 33134	•	83 173.	5 Lands End Rd.	
	$\sim \alpha$	84 City M	analapan FL 85 Zip Code 33462	
o the provisions of Sections 607. gistered agent for upth, in the Standard in	nick	thorized by the corporation statutes. Registered Agent signature require	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered by the appointment as registered by the purpose of changing its registered by the purpose of c	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
	Κ.	1.2 NAME		
1735 LANDS END ROAD		1.3 STREET ADDRESS		
MANALAPAN FL 33462	•	1.4 CITY-ST-ZIP		
VTD	☐ DELETE	2.1 TMLE	☐ Change ☐ Addition	
PAPATHEODOROU, ANDRE	AS C	2.2 NAME		
1735 LANDS END ROAD		2.3 STREET ADDRESS		
MANALAPAN FL 33462		2.4 CITY-ST-ZIP	<u> </u>	
IN AUTO COTOL	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
-		3.2 NAME		
		3.3 STREET ADDRESS		
		3.4. CITY-ST-ZIP		
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
′		4, 2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
4		5.2 NAME		
		5.3 STREET ADDRESS		
		54 CITY-ST-ZIP		
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
	☐ here is	62 NAME		

561-540-5447