Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90201 041 ***150.00

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**

DOCUMENT # P98000080392

1. Corporation Name

HURRICA	ANE HELPERS, INC.			
Principal Place	of Business	Mailing Address	,	\$ 1800/108) his locat louis cold obtat solid opies louis colds this locat libra is the field of the fiel
1132 SOUTHEAST 7TH COURT 1132 SOUTHEAST 7TH COURT			श	
UNIT 202 UNIT 202				
DANIA FL 33004 · DANIA FL 33004				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 09/17/1998
Principal Place of Business 2a. Mailing Address			4. FEI Number A 77 (4) 3 C/ (Applied For	
21			65-0864254 Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22 27 27 27				Fee Required
City & State			6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3	0	Personal Property Tax.
				10. Name and Address of New Registered Agent
AMERILAWYER 81 Name Thom				OMAS BEATTU
343 ALMERIA AVENUE 82 Street Address				ess (P.O. Box Nupriber is Not Acceptable)
0004 040150 FL 00404				Southeast Ith Coulet
CUMAL GABLES PL 33134				r 202
			84 City) A	FL 85 Zip Code 4
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation symmits 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.				
170 mars 6150 4476				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required who				d when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEATTY, THOMAS		1.2 NAME	
STREET ADDRESS	1132 SOUTHEAST 7TH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004		1.4 CITY-ST-ZIP	
TITLE	SVD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEIMKE, THOMAS		2.2 NAME	
STREET ADDRESS	1132 SOUTHEAST 7TH COURT	ı	2.3 STREET ADDRESS	
CITY-ST-ZIP -	-DANIA FL 33004		2:4 CITY-ST-ZIP-	and the state of the same was assessed to the state of the same of
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS	•		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	•
TITLE		☐ DELETE	4.1 TITLE	. Change Addition
NAME	· · · · ·		4. 2 NAME	
STREET ANDRESS	₹ **		4.3 STREET ADDRESS	•

6.4 CITY-ST-ZIP 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 annual responsible to the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. 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, 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. 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CER OR DIRECTOR

☐ Change

Change

☐ Addition

☐ Addition