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 # P98000080673

1. Corporation Name

YOUR HAPPY HOME, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90070 043 ***150.00



Ì					
Principal Place	e of Business	Mailing Addr	ess		
1430 INDIANA AVE 1430 INDIANA AVE					
PALM HARBOR FL 34684 PALM HARBOR FL 34684					DO NOT WRITE IN THIS SPACE
ĺ					3. Date Incorporated or Qualifed
			•		09/14/1998
2. Principal Place of Business 2a. Mailing Address					4 FFI Number - Applied For
21/430 INDIANA AVC 26					59-3532086 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
27					Fee Required
City & State				FL 3468	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
					This corporation owes the current year Intangible
24 34683 25 PINELLAS 29 34683 30 USA					Personal Property Tax.
, , , , ,	9. Name and Address of C				10 Name and Address of New Registered Agent
81 Name					(SAME)
VACANTI, RICHARD 1430 INDIANA AVE				82 Street Add	Iress (P.O. Box Number is Not Acceptable)
1	M HARBOR FL 34684			00	
FALI	M FIMEDON FL 34004			83	
				84 City	85 Zip Code
					FL W Statement for the expense of changing the registered
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 a	m familiar with, and accept the c	obligations of, Section 6	07.0505, Florida Sta	atutes.	4/1/99
SIGNATURE	Signature, typed or printed name of register	entle	(NOTE: Pagister	ed Agent signature require	ed when rejustating) DATE
12.		RS AND DIRECTORS	(NOTE: Register		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PRESIDENT			TITLE	☐ Change ☐ Additio
NAME	RICHARD VICAL	uti	1.2	NAME	
STREET ADDRESS	1430 INDIANA	Ave	1.3	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR 1	FL 34683	1.4	CITY-ST-ZIP	
TITLE	VICE - PRESI	Dent [DELETE 2.1	TITLE ,	☐ Change ☐ Additio
NAME	EUCENE CART	Tee.	2.2	NAME	
STREET ADDRESS	1430 ENDIAN	A AUC.	2.3	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR	2, FL. 340		CITY-ST-ZIP	
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NAME				STREET ADDRESS	
STREET ADDRESS	İ		0.3		

6.4 CITY-ST-ZIP 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.