1	)	

## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

\*PROFIT CORPORATION ANNUAL REPORT 1999

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

P98000082993

HYBRID ENTERPRISES OF SARASOTA, INC.

99 AUG 20 AM 11: 10

APPROVED

SECHETARY OF STATE TALLAHASSEE, FLORIDA

A RECORDER INC. WHEN SELLY BEING BEING BEING BAING CAINE WELLS CHINA WHIRE CELLS

Principal Place		Mailing Address		-	* 19211001 113 10101 12111 02111 02111 02111 0	
7621 WESTMORELAND DRIVE 7621 WESTMORELAND DRIVE SARASOTA FL 3433 SARASOTA FL 3433			DO NOT WRITE IN THIS SPACE			
	•				3. Date Incorporated or Qualified 09/23/1998	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	-	26			59.3536648	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	m m l
24 34		29 34243	30		Intangible Personal Property.	Yes No
	9. Name and Address of	Current Registered Agent	<del> </del> -	1 Name	10. Name and Address of New Registere	a Agent
IO	IR, TIFFANY		l°	Name		
	1 WESTMORELAND DRIV	E	8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
SAF	rasota fl 34243		8	13		
	Ž		-			les Zin Codo
			ľ	4 City	F	L X 7427
11. Pursuant office or	to the provisions of sections of registered agent, or both, in the manufacture with and accept the	507.0502 and 607.1508, Florida Statute ne State of Florida. Such change was ne obligations of, section 607.0505, Florida	es, the above authorized orida Statut	re-named corporations.	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE						
	Signature, typed or printed name of regis			d Agent signature req	uired when reinstating) DATE	NID DIDECTORS IN 42
12.	OFFICI D	ERS AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change Addition  Addition  ADDITION OF THE PROPERTY OF TH
TITLE NAME	LOHR, TIFFANY	L_] DELETE	1.2 NAM	1		ST cusine - voviou 2
STREET ADDRESS	7621 WESTMORELAND	DRIVE		ET ADDRESS	•	l i
CITY-ST-ZIP	SARASOTA FL 34343		1.4 CITY	ı	.14 <b>2</b> U.3	
TITLE	2	DELETE	2.1 TITL			Change Addition
NAME		<del></del>	2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2.4 CITY	-ST-ZIP		
TITLE		DELETE	3.1 TITL	E		Change Addition
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STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY 6.1 TITL			Change Challen
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NAME				EET ADDRESS		150°
STREET ADDRESS						8.0
CITY-ST-ZIP	I		6.4 CITY	-S1-20P		

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 er on an attachment with an address.

## ·Hybrid Enterprises, Inc.

Tiffany Lohr, President; Certified Liquidator
7621 Westmoreland Dr. Sarasota, Plorida 34243-1939 \* 941/359-3066

Florida Department of State, Division of Corporations Re: 11-month Corporation inactivity & filing fee 08/10/99

To whom it may concern,

As per a recent conversation with Tammy about my filing lee, I appreciate your understanding that due to a spinal injury in December of 1998 and the flu earlier this year following a long bout with food poisoning last spring, my company Hybrid Enterprises of Sarasota, Inc., of which I am the sole employee, has remained inactive since the date of incorporation (09/23/98). Hospital records are available upon request or audit.

My start-up costs and losses are high, which I have been able to afford with a small loan from my parents. They have included in the amount they lent me a provision for establishing a business account at Nation's Bank in order to pay for the business expense of my \$150.00 filing fee, which is included with this notice. Thank you for your patience — I need every nickel saved to get me up and running!

Sincerely

Tiffany G. Lohr

President

59-3536648

941/350-3517