FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.90

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000095939

Corporation Name
 HERPAUL HOLDING CO.

54TH AVENUE 3751 NW 54TH AVENUE	incipal Place of Business	Mailing Address
OOD FL 33021 HOLLYWOOD FL 33021	51 NW 54TH AVENUE DLLYWOOD FL 33021	

Feb 12, 1999 8:00 am Secretary of State

02-12-1999 90011 043 ***158.75

Principal Place of Business Mailing Address 3751 NW 54TH AVENUE 3751 NW 54TH AVENUE		
	116 18181 81118 (8128)	11110 1011 1004
HOLLYMOOD EL MAN		
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 DO NOT WRITE IN TH	IIC CDACE	
3. Date Incorporated or Qualifed	IS SPACE	
11/09/1998		}
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Apr	plied For
2. 1310,000 1 1000 01 00011000	 	t Applicable
Suite Ant # etc	\$8.75 A	
Suite, Apt. #, etc. 5. Certificate of Status Desired 22	Fee Rec	quired
City & State City & State 6. Election Campaign Financing	\$5.00	May Be
23 Trust Fund Contribution	Added to	
Zip Country Zip Country 8. This corporation owes the current year I	Intangible	
24 25 29 30 Personal Property Tax.		ØNo
Name and Address of Current Registered Agent 10. Name and Address of New Registere	d Agent	
WEINED LIEDBERT		
WEINER, HERBERT 3751 NW 54TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021 83		武糧 集
84 City	85 Zip C	ode
SIGNATURE 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 DIRECTOR	:
TITLE PD DELETE 1.1 TITLE	Change	RS IN 12
TITLE PD DELETE 1.1 TITLE NAME TRAUTMAN, PAULINE 12 NAME		
TITLE PD DELETE 1.1 TITLE NAME TRAUTMAN, PAULINE 12 NAME STREET ADDRESS 3751 NW 54TH AVENUE 1.3 STREET ADDRESS		
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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 oranged, or on an attachment with an address, with anyother like empowered.

SIGNATURE: