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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000103360

DESIGNE	:H'S EDGE HEFINISHING	ı, INC.							
Principal Plac	e of Business	Mailing Address					(B) (\$1 (\$2(4))	111 88 1113 8 8 13	II 33 11 (881
2805 60 STREET E 2805 60 STREET E									
PALMETTO FL 34221 PALMETTO FL 34221						DO NOT WRITE	IN THIS SP.	ACE	
						Date Incorporated or Qualifed	IN THIS SEA	AUE	
						12/10/1998			
A D-111-D	Nace of Business	2a. Mailing Address				4. FEI Number		Ann	lied For
 1	Place of Business	⊢ , •				65-0881256		—— <u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						8.75 A	
22	. 11 , 610.	27				5. Certifcate of Status Desired		Fee Req	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00 N	/lay Be
23		28				Trust Fund Contribution		Added to	· .
Zip	Country	Zip	Coun	ry		8. This corporation owes the curren	nt year Intang	ible	
24	25	29	30			Personal Property Tax.			X No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered Age	ent	
O I I D	OT 1 1 CE A] [1 Nam	16				
	STY, LEE A		1	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	le)		
	60 STREET E								
PALM	NETTO FL 34221		{	3		•			}
			To the	4 City			FL	35 Zip C	ode
		0500 1003 4500 51, 11 01	<u> </u>	<u> </u>		ti submits this statement for the p		nging its r	enistered
office or I	registered agent or both in the Si	tate of Florida. Such change was a bligations of, Section 607.0505, Fig.	authorized i	ov the co	rporation	ration submits this statement for the pin's board of directors. I hereby accept	the appointm	ent as reg	istered
-									
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registere			gent signatu	re required	when reinstating)	DATE AND D	NDECTOR	
12.	Signature, typed or printed name of registere OFFICERS	S AND DIRECTORS	13.		ure required	when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND D		
12. TITLE	Signature, typed or printed name of registere OFFICERS		13.	<u> </u>	T	ADDITIONS/CHANGES TO OFFI	CERS AND	OIRECTOF Change	RS IN 12
12.	Signature, typed or printed name of registers OFFICERS D MARCUM, JEFF	S AND DIRECTORS	13. 1.1 TITL 1.2 NAM	E E	MA		CERS AND		
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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 an addgess, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Jeffey Allew Marcan

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90135 011 ***150.00