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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S01899 1. Corporation Name

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90035 019 ***150.00

H.W.S. F	AND ASSOCIATES, INC.									
Principal Place	e of Business	Mailing Address				T (####################################	DIES SELV BIEST WIN		011 93911 1991	
555 N.E. 15TH ST. SUITE 34H MIAMI FL 33132		555 N.E. 15TH ST. Suite 34H Miami Fl 33132				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed 09/25/1990			,	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	lied For	===
21		26				65-0216436			Applicable	3
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	e	City & State				6. Election Campaign Financing	П	\$5.00	, I	l
23		28				Trust Fund Contribution		Added to	Fees	l
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cur			⊐No	l
24	25	29	30			Personal Property Tax. 10. Name and Address of New I				
 	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New I	Registered A	yent		
SDA	ET, HAROLD W.			٠' '						
555 N.E. 15TH ST.				82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
	E 34H			83				16 11 13: 4	*** NAT 188	l
	VII FL 33132			~					出键的	l
1714 41				84 (City	P. J. Paris Ag. 1 Pr.	FI	85 Zip C	ode	ı
 office or re 	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	e of Florida. Such change was a	authorized	by the	named corpo le corporation	oration submits this statement for the n's board of directors. I hereby acce	purpose of c pt the appoint	hanging its r iment as reg	egistered istered	
office or n agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligations of the obligation o	e of Florida. Such change was a ations of, Section 607.0505, Florent and title if applicable. (NOTI	euthorized orida Statu E: Registered	by the	ie corporation	when reinstating)	pt the appoint	tment as reg		(80)
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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 attactment with an address, with all other like empowered.

SIGNATURE: