FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1000

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 26 1998 8:00am Secretary of State

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DOCUN 1. Corporation	MENT #	S13140	(6)						
H&R:	SALES INC.								
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Principal Place	e of Bysiness		Mailing Address				T (MENIANA 100) NAMED NAMED NAMED AND A BURN BURN BURN BURN	OTALL BIBLI BIL	/11 070 11 1001
P.O. BOX 428			8122 GLADES ROAD						
BOYNTON BEACH FL 33424 SUTE 344							DO NOT WRITE IN THIS S	SPACE	
US BOCA RATON FL 33434							3. Date Incorporated or Qualified		 -
							11/16/1990		İ
2. Principal Pl	lace of Business		2a. Mailing Address	***			4. FEI Number	A	oplied For
21 8/2	2 Glade	es <u>Pd</u> .	26				65-0229285	N	lot Applicable
Suite Apt.	# elc.		Suite, Apt. #, etc.			•	5. Certificate of Status Desired		Additional
22 <u> </u>	<u>us 30</u>	7-Y	27						Required
City & State	Rat	.	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be
23 BOC		Country	Zip Zip	Cou	intry				I to Fees
2 344	46 25	USA-	29	30	ara y		This corporation owes or has paid the curr Personal Property Tax due June 30.		⊓tangibie □ No
24/40/	9. Name and	Address of Current		Incl	l		10. Name and Address of New Registered		
KIF	EIN, HELEN			*****	81 Nam	е			
	34 GLOSGOW	LANE			82 Stree	t Addro	ss (P.O. Box Number is Not Acceptable)		
	TE 3712				0100	n naare	iss (1.0. box Humbs) is 110t Acceptable)		
	LRAY BCH FL	33646			83				
	-				84 City			85 Zip	Code
Office of re	edistered adont k	or both in the State o	it Florida, Such channa was	authorize	d by the co	d corpo progration	pration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing ointment a:	its registered s registered
	m ramiliar with, ai	O accept the obligat	ions of Section 607.0505, Fi	orioa Sta	tutes.		3-22	حوی	
SIGNATURE	Signature typed or prin	ded name of registered agent	and title if applicable (NO	1E: Registere	d Agent signati	eriuper en	d when reinstating) DATE	_ / 0	,
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PTD		L DELETE	1,1 T				L Change	Addition
NAME	KLEIN, HELE			1.2 N		1			
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CITY-ST-ZIP	DELRAY BC	H FL	DELETE		ITY-ST-ZIP	<u> </u>		Change	Addition
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CITY-ST-ZIP			——————————————————————————————————————		TY-ST-ZIP			TT &	
TITLE			☐ DELETE	6.1 7		1		Change	Addition
NAME				6.2 N					
STREET ADDRESS					TREET ADDRESS	⁵			
CITY-ST-ZIP	certify that the info	armation supplied with	h this filing does not qualify		ITY-ST-ZIP emption sta	ated in 9	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that th	e information
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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 are 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.

SIGNATURE:

Helen Klein, President 3-22-98