**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # S45204



DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

03-11-1999 90252 031 \*\*\*150.00

1. Corporation HERME	ENTERPRISES, INC.	ſ								
Dringing Diggs	o of Puginoss	N.	Mailing Address							III UIUII IUUI
633 KEY DEER COURT APOPKA FL 32703 APOPKA FL 32703 US										
							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 04/15/1991			
Principal Place of Business     2a. Mailing Address							4. FEI Number	Applied For		
21 26							59-3063477	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		e Req	iditional
City & Stat	City & State	State			6. Election Campaign Financing \$5.00 May Be					
23		28					Trust Fund Contribution	Adı	ded to	Fees
Zip	Country	 	Zip		intry		8. This corporation owes the current year		r	ا
24	25	29		30	r		Personal Property Tax.	Yes		□No
	9. Name and Address of Currer	nt Regi	stered Agent		81	Name	10. Name and Address of New Registe	red Agent		
CI AC	THER POMEO				"	watte				
FLAQUER, ROMEO 633 KEY DEER COURT					82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			Ì
APOPKA FL 32703				83						
A1 0	1104 1 2 32/03				03					
					84	City		FL 85	Zip C	ode
SIGNATURE	m familiar with, and accept the obligation of th	nt and title	e if applicable (NOTI	E: Registered	Agen		uired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRE		
TITLE	T		☐ DELETE	1.1 TI		İ		☐ Cha	ınge	Addition
NAME	FLAQUER, HERMINIA			1.2 N						1
STREET ADDRESS	633 KEY DEER COURT					ADDRESS				
CITY-ST-ZIP	APOPKA FL 32703		☐ DELETE	1.4 C	TY-S	T-ZIP		☐ Cha	ande	Addition
TITLE	PD DOMEO			2.1 H					- 5-	
NAME	FLAQUER, ROMEO   633 KEY DEER CT					T ADDRESS				
STREET ADDRESS	APOPKA FL					T-ZIP				Ì
CITY-ST-ZIP TITLE	VP		☐ DELETE	3 1 TI		11-211		☐ Cha	inge	Addition
NAME	MONTAS, JOSE ALFREDO		_	3.2 N						
STREET ADDRESS	633 KEY DEER CT			3.3 S	TREE	ADDRESS				
CITY-ST-ZIP	APOPKA FL 32703			3.4. 0	HTY-S	IT-ZIP				
TITLE			☐ DELETE	4.1 TI	TLE			. Cha	ange	Addition
NAME				4.21	IAME					
STREET ADDRESS				4.3 S	TREE	ADORESS				Ì
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP				
TITLE			☐ DELETE	51T				☐ Cha	ange	Addition
NAME				5.2 N			•			
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TITLE			☐ DELETE	6.2 N					a iyç	C Magnots
NAME						TADDRESS				}
STREET ADDRESS					ITY-S					
CITY-ST-ZIP	1			0.40	3	. 411				

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 changed, open an attachment with an address, with all other like empowered.