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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999	DIVISION OF CORPORATIONS		ıs	03-29-1999 90069 022 ***150.00		
DOCUMENT # S76473 1. Corporation Name HONEST INJUN, INC.				1 (08)(8)8 (H 180)8 (H) (08)(18)	DR HIN BURN BURN BURN BURN BURN BURN BURN BUR	121
•						A
Principal Place of Business	Mailing Address			T (OB)(O) II (O)	Mil fier Bidie dider under dimer arder unerren	181
8500 NW 31ST CT. SUNRISE FL 33351	8500 NW 31ST CT. SUNRISE FL 33351				E IN THIS SPACE	 -1
			ļ	3. Date Incorporated or Qualifed 08/26/1991		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26		-	65-0282346	Not Applicat	ole
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	\neg
23	28 Zip	Country		Trust Fund Contribution	Added to Fees	\dashv
Zip Country 25	29 30	¬ '		This corporation owes the curre Personal Property Tax.	Yes 🖺 No	
9. Name and Address of Current				10. Name and Address of New R	egistered Agent	
SLOAN, SUSAN A. 8500 NW 31ST CT.		}	lame Street Address	(P.O. Box Number is Not Accepta	ble)	\dashv
SUNRISE FL 33351		83				
		84			85 Zip Code	\dashv
		1 1	•		FL '	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statutes, Florida. Such change was auth ons of, Section 607.0505, Florida	the above-r orized by the a Statutes.	amed corpora corporation's	tion submits this statement for the board of directors. I hereby accep	ourpose of changing its registere t the appointment as registered	d
SIGNATURE			nature required wh		DATE	
Signature, typed or printed name of registered agent 12. OFFICERS AND	``	13.	mature required with	ADDITIONS/CHANGES TO OF		2
TITLE D	☐ DELETE	1.1 TITLE	Pre	esident	☐ Change	
NAME SLOAN, MICHAEL D.		1.2 NAME				- 1
STREET ADDRESS 8500 NW 31ST CT.		1.3 STREET AL	DRESS			Ì
CITY-ST-ZIP SUNRISE FL		1,4 CITY-ST-Z	р			
TITLE	☐ DELETE	2.1 TTLE			☐ Change ☐ Add	fition
NAME		2.2 NAME			, .	
STREET ADDRESS	ನಿಮ್ಮೆ ಈ ವರ್ಷಣ	2.3 STREET AL	ORESS - ~~	يعراب أأرا أنه أنتيج فرسطه فليقطون ويوسي فالمستقيد	اه خواهنگ در دا ه مین ده دین دانه و این میکند. -	. ~ .
CITY-ST-ZIP		2. 4 CITY-ST-2	IP			1141
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CITY-ST-ZIP		3.4. CITY-ST-2	19			
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STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4. 2 NAME 4.3 STREET AG 4.4 CITY-ST-2				
STREET ADDRESS	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET AG			☐ Change ☐ Add	

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 appraisance of the corporation of the receiver or trustee empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Addition

☐ Change