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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S84211

HI-FI CORP.

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90009 048 ***150.00

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Principal Place	e of Business	Mailing Address			(1881) 191 (1811 1919 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1850 N STATE ROAD 7		1850 N STATE ROAD 7			·		
MARGATE FL 33063		MARGATE FL 33063			DO NOT WRITE IN	THE CDACE	
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					 Date Incorporated or Qualifed 10/02/1991 		
- 5: :	The state of the s	2a. Mailing Address			4. FEI Number	ΙΔn	plied For
¬ `	Place of Business	<u> </u>			65-0288602		t Applicable
21		Suite, Apt. #, etc.			03 0200002	\$8.75	
Suite, Apt.	#, etc.	<u>├</u>			5. Certificate of Status Desired	Fee Re	
22		City & State			a Floring Compains Financing	\$5.00	<u></u>
City & State	le .	├ ┐ ′			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
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Zip		⊢	30	w.,	Personal Property Tax.	□ X /s	□No
24	25 9. Name and Address of Curre	29	30		10. Name and Address of New Regist		
	9. Name and Address of Cure	an registered Agent		B1 Name	10. Hallo site Hallos of Hall		-
VALE	encia, Herbert		L				
1 .	N STATE ROAD 7		1	B2 Street	t Address (P.O. Box Number is Not Acceptable)		
MARGATE FL 33063			<u> </u>	83		<u>इ.स. १५५७ वटा ५० ५०</u> ३.स. ६४३ १६३ ५ १ १५ ४ १६११	Steeping 1
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11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the ab	avo_name	corporation submits this statement for the purpo	se of changing its	registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such channe was a	authonzed	ov the corr	ration's board of directors. I hereby accept the	appointment as re	gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Flo	authorized orida Statul	by the corp tes.	ration's board of directors. Thereby accept the	appointment as re	gistered
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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 appears with an address, with all other like empowered.

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

Daytime Phone #

R2E034 (11/98)