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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 16 1998 8:00am Secretary of State

	1998	The same of the sa		DIVISION OF	CORPORA	ONS	Secretary of State
1. Corporatio		S98459)	(8)			
IHESP	PIS, INC.						
Principal Plac	o of Business		Mailin	a Address			
Principal Place of Business Mailing Address							
760 S. BREVARD AVE. #421 760 S. BREVARD AVE. #421 COCOA BEACH FL 32931 COCOA BEACH FL 32931							
OOOOA BLA	011 12 02:001		000	OR BENOTTE SES	VI		DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualified
							12/04/1991
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						·	59-3097027 Not Applicable \$8.75 Additional
22	<i>"</i> , 0.5.		27	, ,			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees
Zip		Country	Zip		Country	/	8. This corporation owes or has paid the current year intangible
24	25		29		30		Personal Property Tax due June 30. No No
	g. Name and	Address of Current	Registere	d Agent			10. Name and Address of New Registered Agent
KIF	RBY, ANNE C				81	Name	
76	o S. Brevard .	AVE. #421			82	Street Ad	idress (P.O. Box Number is Not Acceptable)
CC	DCOA BEACH F	L 32931			-		
					83	ļ	
					84	City	85 Zip Code
			007 (ron fi di out			FL 63 Zip code
office or r agent, I a	registered agent, o im familiar with, ar	or Sections 607.0502 or both, in the State of accept the obligat	f Florida. Scions of, Se	Such change was ection 607.0505, F	authorized b lorida Statute	e-named o y the corpo s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE							
12.	Signature, typed or print	of registered agent OFFICERS AND			13.	ent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TRILE	PVS		Director	DELETE			Change Addition.
NAME	KIRBY, ANN	F C.			1.1 TITLE 1.2 NAME		
STREET ADDRESS	760 S. BREVARD AVE. #421				1.3 STREET	ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931				1.4 CITY-	1	
TITLE	TD			DELETE	DELETE 2.1 TITLE		☐ Change ☐ Addition
NAME	KIRBY, ANNI	E C .			2.2 NAME		
STREET ADDRESS	760 S. BREV	ARD AVE. #421			2.3 STREET	ADDRESS	Ì
CATY-ST-ZIP	COCOA BEA	CH FL 32931			2. 4 CITY-	ST-ZIP	
TITLE				☐ DELETE	3.1 TITLE	_ [☐ Chạnge ☐ Addition
NAME					3.2 NAME		
STREET ADDRESS					3.3 STREET	ADDRESS	
CITY-ST-ZIP		<u></u>			3.4. CITY-	ST-ZIP	
TITLE				DELETE	4.1 TITLE	[☐ Change ☐ Addition
NAME					4. 2 NAME		
STREET ADDRESS					4.3 STREET	1	
CITY-ST-ZIP				T DELETE	4.4 CITY - S	IT-ZIP	The state of the s
TITLE				☐ DELETE	5.1 TITLE		L Change L Addition
NAME					5.2 NAME	Ì	
STREET ADDRESS					5.3 STREET		
CITY-ST-ZIP				DE ETE	5.4 CITY - S	T-ZIP	T Observation of the state of t
TITLE				☐ DELETE	6.1 TITLE		L. Change L. Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREET		
CITY-ST-ZIP	artiful that the list-	motion or any local column	s thin film-	does not availe: 4	6.4 CITY - S		in Section 110 07/2V/) Elevido Statutos I further portituther the information
indicated	on this annual ren	mation supplied Will fort or supplemental	c was turig appual rep	oves not quality to	or the exemp	uon stated at my signa	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath, that I am an

4. 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 attemption with an address.

SIGNATURE:

HEALINET

Jan 98 799-00

2E034 (10/97)