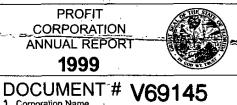
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90031 028 \*\*\*150.00

	H, INC								
Principal Place	o of Rusinose	Mailing Address				-	INDE ALLI DINEL DE	iii bibii didi	IA MINALI NAMAI ISON
25000 SW 152N		25000 SW 152ND AVE.							
HOMESTEAD FI		HOMESTEAD FL 33031							
US US						DO NOT WRI		SPACE	
						3. Date Incorporated or Qualifed			
<u> </u>						10/06/1992			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		-	Applied For
21	·	26				65-0365360			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional [
City & Stat	e · ·	City & State			•	6. Election Campaign Financing		\$5.0	May Be
23	•	28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the cur	rent year Inta	ngible	
24	25	29	30			Personal Property Tax.	٠,	Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered A	Agent	
14A A	e louis p.cco		] {	81 N	lame				
	is, John P. Esq. Ne 16th St.		1	<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Accept	able)		
	OFFICES OF HELLMAN & MAAS	S	1	B3			*. 11		
HOM	IESTEAD FL 33030		1	84 C	City		FL	85 Zi	p Code
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	itnorized i ida Statut -	by the tes.	corporation	n's poard of directors. Thereby acce	фі ше арроп	ntment as	registered
	Signature, typed or printed name of registered agen								
12.				lgent sig	riature required	when reinstating)	DATE	D DIRECT	TOPS IN 12
		D DIRECTORS	13.		riature required	when reinstating) ADDITIONS/CHANGES TO OF			
TITLE	D		13.	.E	nature required		FICERS AN	D DIRECT	
NAME	D DEMOTT, JEFFREY P	D DIRECTORS	13. 1.1 TITL 1.2 NAM	.E KE					
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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 an attachment with an address, with all other like empowered.

SIGNATURE:

ENVITORUM NAME OF SIGNING OFFICER OR DIR

Daytime Phone #