May 05, 1999 8:00 am Secretary of State

05-05-1999 90241 001 11,906.25

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93859

1. Corporation Name

H H REALTY INVESTORS, INC.

			_						
Principal Place of Business Mailing Address						1 1831180 trin ining tilat idlat a	HIVE BUT BIBN BI	9() 4 (8)	*1811 81811 1881
2295 CORPORATE BLVD. N.W. 2295 CORPORATE BLVD. N.W. STE. 222 STE. 222 BOCA RATON FL 33431 BOCA RATON FL 33431			W.			DO NOT WR	ITE IN THIS	SPACE	
BOCA HATUN	rl 33431	DOOM NATON PE 33431				 Date Incorporated or Qualifed 08/09/1982 			
Principal Place of Business 2a. Mailing Address						4. FEI Number		_ '	pplied For
21 26						59-2212877		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	Ø	\$8.75 Additional Fee Required	
City & State City & State 23 28						Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country	Zip	Country			This corporation owes the cur Personal Property Tax.	rent year Inta	angible □ Yes	□No
	9. Name and Address of Currer			• • •		10. Name and Address of New	Registered .	Agent	
			81	Name	пе				
Herrick, Norton 2295 Corporate BLVD. N.W. Ste. 222				Stree	et Address	(P.O. Box Number is Not Accept	table)		
BOCA RATON FL 33431			84	City		-		85 Zip	Code
							FL	.	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State rn familiar with, and accept the obligation	of Florida. Such change was au	ithorized by	the cor	ed corpora rporation's	tion submits this statement for the board of directors. I hereby acce	ept the appoin	changing its ntment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Age	nt signature	re required wh	en reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	DPST	☐ DELETE	1.1 TITLE					[] Change	Addition
NAME	HERRICK, NORTON		1.2 NAME						
STREET ADDRESS			1.3 STREET ADDRESS		SS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY- ST-ZIP					[] Change	Addition
TITLE	VAS DELETE		2.1 TITLE						
NAME	HERRICK, HOWARD		2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS	\ · · · · · ·			2.3 STREET ADDRESS					
CITY-ST-ZIP	MORRISTOWN N V DELETE		3.1 TITLE		+			Change	☐ Addition
TITLE	V ERRICK. EVAN		3.2 NAME						_
NAME	and the same of the same of the			3.3 STREET ADDRESS					
STREET ADDRESS					33				
CITY-ST-ZIP TITLE	MORRISTOWN N VAS DELETE			3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
		y		4. 2 NAME					_
	AAME HERRICK, MICHAEL STREET ADDRESS 2295 CORPORATE BLVD NW		4. 2 NAME 4.3 STREET ADDRESS		20	Community Pl			
STREET ADDRESS	··		4.3 STREET ADDRESS		NAON	Community Pl			
CITY-ST-ZIP TITLE	BOCA RATON FL	☐ DELETE	5.1 TITLE	1-411	MU	ilenamit w		Change	☐ Addition
		54tc.16	5.2 NAME						
NAME STREET ADORESS			5.3 STREE	TADDRES	ss				
STREET ADDRESS			5.4 CITY-S						
CITY-\$T-ZIP	ļ———————————————————————————————	□ DELETE	6.1 TITLE		+			Change	Addition

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 tustee 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS