

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 30 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H03880 (2)

1. Corporation Name
HUIZENGA HOLDINGS, INC.

Principal Place of Business
200 S. ANDREWS AVE., 6TH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address
200 S. ANDREWS AVE., 6TH FLOOR
FT. LAUDERDALE FL 33301-1684

3. Date Incorporated or Qualified
05/09/1984

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2445489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 450 EAST LAS OLAS BLVD

2a. Mailing Address
26 450 EAST LAS OLAS BLVD

Suite, Apt. #, etc.
22 SUITE 1500

Suite, Apt. #, etc.
27 SUITE 1500

City & State
23 FT. LAUDERDALE FL

City & State
28 FT. LAUDERDALE, FL

Zip
24 33301

Zip
29 33301

Country
25 USA

Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE
27TH FLOOR
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
ROCHON, RICHARD C.
200 S. ANDREWS AVE 6TH
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
BRANDEN, CRIS V
200 S. ANDREWS AVE 6TH
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPAS
PIERCE, WILLIAM M
200 S. ANDREWS AVE 6TH
FT. LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change ☒ Addition ☐
450 EAST LAS OLAS BLVD, SUITE 1500
FT. LAUDERDALE, FL 33301

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change ☒ Addition ☐
450 EAST LAS OLAS BLVD, SUITE 1500
FT. LAUDERDALE, FL 33301

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change ☒ Addition ☐
450 EAST LAS OLAS BLVD, SUITE 1500
FT. LAUDERDALE, FL 33301

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change ☐ Addition ☐
000002161070--4

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change ☐ Addition ☐
-05/01/97--01001-021
***3300.00 ***165.00

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change ☐ Addition ☐
JB5-1-97

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0259559

CR2E034 (9/96)