

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000063034 (1)

1. Corporation Name

HHSPX, INC.

Principal Place of Business

**1800 GLADES RD
STE 260
BOCA RATON FL 33431
US**

Mailing Address

**1800 GLADES RD
STE 260
BOCA RATON FL 33431
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1983

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0445328

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

7. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BERG, JEFFREY T.

1900 GLADES RD

STE 160

BOCA RATON FL 33431

HALVORSEN, Jeffrey T.

81 Name

Jeffrey T. Halvorsen

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 if applicable

Jeffrey T. Halvorsen

(NOTE: Registered Agent signature required when reappointing)

4/14/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BERG, JEFFREY T

STREET ADDRESS

1900 GLADES RD, STE 260

CITY - ST - ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 applicable, or on an attachment with an address.

SIGNATURE:

Jeffrey T. Halvorsen

4/14/95

407-367-9200

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #