

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000026023 (9)

1. Corporation Name  
**HBZ INVESTMENT CORP.**



Principal Place of Business Mailing Address  
**34156 US HWY 19 N PALM HARBOR FL 34684 US**

3. Date Incorporated or Qualified <b>04/04/1994</b>	3a. Date of Last Report <b>04/03/1995</b>
4. FEI Number <b>59-3235679</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent  
~~BLAKELY, JOHNSON  
ATTN BRUCE BOKER  
911 CHESTNUT ST  
CLEARWATER FL 34617~~

10. Name and Address of New Registered Agent  
81 Name **Randall Harrell, MD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**34156 U.S. Hwy, 19 North**  
83  
84 City **Palm Harbor** FL 85 Zip Code **34689**

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]* DATE **3/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRELL, MARISSA</b>	1.2 NAME	
STREET ADDRESS	<b>34156 US HWY. 19 N</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PALM HARBOR FL 34689</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRELL, C RANDALL MD</b>	2.2 NAME	
STREET ADDRESS	<b>1972 MCGREGOR RD</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TARPOON SPRINGS FL 34689</b>	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 119.07(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 changed, or even attached with an address.

SIGNATURE \* *[Signature]*  
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Randall Harrell**

3/1/96 (813) 781-0818  
Date File #

CR2E034 (12/95)