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Feb 08, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-08-1999 90002 008 ****150.00

DOCUMENT # P94000026023

1. Corporation Name
HBZ INVESTMENT CORP.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 04/04/1994
4. FEI Number: 59-3235679
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent
HARRELL, RANDALL MD
34156 US HWY 19 NORTH
911 CHESTNUT ST
PALM HARBOR FL 34689

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table 12: OFFICERS AND DIRECTORS. Includes entries for HARRELL, C RANDALL MD and other officers with fields for title, name, street address, and city-st-zip.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for title, name, street address, and city-st-zip for changes.

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: _____ DATE: 4, 1999 DAYTIME PHONE # _____

CR2E034 (11/98)