## 2000 UNIFORM BUSINESS REPORT (UBR)

The principal Place of Business  Mailing Address  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  A FEI Number 65-0680321   Applied For Not Applied For Not Applied For Page Required  MENDELSON, VICTOR H ESQ.  MAINTE  MENDELSON, VICTOR H ESQ.  MAINTE MINITE  MENDELSON, VICTOR H ESQ.  MAINTE MAINTE  MENDELSON, VICTOR H ESQ.  MAINTE MINITE  MENDELSON, VICTOR H ESQ.  MAINTE MAINTE  MENDELSON, VICTOR H ESQ.  M
Principal Place of Business  Mailing Address C/O HEGO CORPORATION X00 TAFT STREET HOLLWOOD FL 33021  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip Code  Street Address (PO. Box Number is Not Acceptable)  DATE  Street Address (PO. Box Number is Not Acceptable)  City FL  Zip
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Suite, Apt. #, etc.  Suite, Ap
City & State  Country  S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8
Solution
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  MENDELSON, VICTOR H ESQ. 3000 TAFT STREET HOLLWOOD FL 33021  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when reinstalling)  DAIE  9. This corporation is eligible to satisfy its intangible Tark filing requirement and elects to do so. (See criteria on back)  Title  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when reinstalling)  DAIE  10. Election Campaign Financing Trust Fund Contribution.  Addition  Addition  STREET ADDRESS
MENDELSON, VICTOR H ESQ. 3000 TAFT STREET HOLLWOOD FL 33021  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signature, typed or parted name of registered agent and title of applicable  NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  SIRRET ADDRESS SIRRET ADDRESS CITY-SI-ZIP HOLLWOOD FL  TITLE  DC  Delete  DC  Delete  NAME SIRRET ADDRESS SIRRET ADDRESS CITY-SI-ZIP HOLLWOOD FL  TITLE  DC  Delete  NAME SIRRET ADDRESS SIRRET ADDRESS CITY-SI-ZIP HOLLWOOD FL  TITLE  TITLE  DC  Delete  NAME SIRRET ADDRESS SIRRET ADDRESS CITY-SI-ZIP HOLLWOOD FL  TITLE  TITLE  DC  Delete  NAME SIRRET ADDRESS SIRR
MENDELSON, VICTOR H ESQ. 3000 TAFT STREET HOLLWOOD FL 33021  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE  NAME SIREET ADDRESS SIREET ADDR
3000 TAFT STREET HOLLWOOD FL 33021    City   FL   Zip Code
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  S  NAME  LETENDRE, ELIZABETH R  STREET ADDRESS  CITY-SI-ZIP  HOLLWOOD FL  TITLE  DC  Change  Addition  Addition  Addition  Addition  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  DIPICED  MENT DEISON, VIL TOK H ESQ  STREET ADDRESS  CITY-SI-ZIP  HOLLWOOD FL  TITLE  DC  Change  Addition
TITLE S LETENDRE, ELIZABETH R STREET ADDRESS CITY-ST-ZIP HOLLWOOD FL  TITLE DC Delete TITLE    DP CEO
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CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP
TITLE S TITLE Change Addition  NAME VETTER, JUDITH  NAME  NAME  NAME
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TITLE D. The Change Tradition
NAME REUM, JAMES L STREET ADDRESS 3000 TAFT STREET  NAME STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP
TITLE D Change Addition
NAME MENDELSON, ERIC A NAME NAME LOO LOO LOO LOO LOO LOO LOO LOO LOO LO
STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: