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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000046818

1. Corporation Name

HB HOUSE, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90063 041 ***150.00



Principal Place	e of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , 	1 IMERICAN SER INCOME ROSSI ORSIL ROSSI ROSSI	Oldin Erret rethr (1.841 1811 1881
20901 SW 112TH AVE. STE 100 20901 SW 112TH AVE. STE			VE. STE 100					
MIAMI FL 33189 MIAMI FL 33189								
						DO NOT WRITE IN THIS	SSPACE	
						3. Date Incorporated or Qualifed * 05/12/1998		
2. Principal P	lace of Business	2a. Mailing Addres	s			4. FEI Number	Apr	olied For
21		26				65-084/825		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	•
22		27					Fee Rec	
City & State		City & State				6. Election Campaign Financing	\$5.00 to Added to	
23		28	Cov	untry		Trust Fund Contribution		Fees
Zip	Country	Zip	·	unuy		 This corporation owes the current year In Personal Property Tax. 		ENO
24	25 9. Name and Address of Current	29 29 Agent	30	\top		10. Name and Address of New Registered		
-	9. Name and Address of Content	(Kadisteren ydent		81	Name	IV. Name and State of the State		
PETI	RILLO, LOUIS					,		
)1 SW 112TH AVE, STE 100			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	WI FL 33189			83				
				84	City	.FI	85 Zip C	ode
44 Durayant	to the province of Sections 607 0503	2 and 607 1508 Florida	Statutes the	hove	-named corn	protion cultimite this statement for the numose of	f changing its i	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change	was authorize	d by t	the corporation	on's board of directors. I hereby accept the appo	ointment as reg	jistered
agent.la	m familiar with, and account the obligati	ions of, Section 607.05	05, Florida Stat	tutes.		1/2	100	
SIGNATURE	Signatura, typedfor owntyd name of registered agent	t and title if poplingble	(NOTE: Pasieters	d Agent	t cionature require	d when reinstating) DATE	79	\
12.	OFFICERS AND		13.		oignotoro roquito	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
	VPO	DEL					Change	Addition
NAME	DISPENZIERI, RICHARD		1.2 N	AME	İ			
STREET ADDRESS	20901 SW 112TH AVE, STE 100	^			ADDRESS			1
CITY-ST-ZIP		ט	1.3 5	SIREEL				
TITLE	I MIAMI FL 33189	U			- ZIP			
[IIILE	MIAMI FL 33189 VTD		1.4 0	OTY-ST	- ZIP		Change	Addition
	VTD		1.4 C ETE 2.1 T	OTY-ST	- ZIP		Change	Addition
NAME	VTD DONOVAN, JOHN	DEL.	1.4 C ETE 2.1 T 2.2 N	OTY-ST TILE NAME	-ZIP -		Change	Addition
NAME STREET ADDRESS	VTD Donovan, John 20901 SW 112Th Ave, Ste 100	DEL.	1.4 C ETE 2.1 T 2.2 N 2.3 S	OTY-ST TILE NAME	ADDRESS	~ * * * # <u>#</u>	Change	Addition
NAME	VTD DONOVAN, JOHN	DEL.	1.4 C ETE 2.1 T 2.2 N 2.3 S 2.4 C	OTTY-ST TTLE NAME STREET CITY-ST	ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VTD Donovan, John 20901 SW 112Th Ave, Ste 100 Miami Fl 33189	□ DEL	1.4 C ETE 2.1 T 2.2 N 2.3 S 2.4 C ETE 3.1 T	OTTY-ST TTLE NAME STREET CITY-ST	ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VTD DONOVAN, JOHN 20901 SW 112TH AVE, STE 100 MIAMI FL 33189 VSD	O DEL	14.0 ETE 2.1 T 2.2 N 2.3 S 2.44 ETE 3.1 T 3.2 N	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS			
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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 fibe 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 frustee 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: _