**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300004117

1. Corporation Name

City & State

23

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Zip

HBJG INVESTMENT CORPORATION

•					
Principal Place of Business	Mailing Address	7 1351123 1114 (4146 1111) 451114			
308 CLEMATIS STREET WEST PALM BEACH FL 33401	2824 Solomons Islands RD. Ste. 200 Edgewater MD 21037	DO NOT W			
		<ol> <li>Date Incorporated or Qualifed 09/09/1993</li> </ol>			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number			
21	26	52-1825527			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired			

City & State

Zip

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9. Name and Address of Current Registered Agent

Country

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## May 05, 1999 8:00 am Secretary of State

05-05-1999 90169 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

□No

COAPP THOMAS I			81	Name				
CRAFT, THOMAS J C/O CLEMATIS STREET BOOKS		82	Street	Street Address (P.O. Box Number is Not Acceptable)				
		<u> </u>						
	CLEMATIS STREET		83					
MES	T PALM BEACH FL 33401		84	City			85 Zip C	ode
						FL	<u> </u>	
office or re	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	n change was author	orized by	the corpo	corporation submits this state pration's board of directors. I	ement for the purpose of c hereby accept the appoint	hanging its i ment as reg	registered istered
SIGNATURE	<u> </u>					DATE		\
	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		13.	nt signature r	equired when reinstating)	IGES TO OFFICERS AND	DIRECTO	RS IN 12
12.	CP OFFICERS AND DIRECTORS	DELETE	1.1 TITLE		ADDITIONS/OFIA		☐ Change	Addition
NAME	BLONDER, HARVEY	_ 0000.00	1.2 NAME				_ •	_
STREET ADDRESS	2824 SOLOMONS ISLANDS RD.			TADDRESS				
CITY-ST-ZIP	EDGEWATER MD 21037		1.4 CITY-ST-ZIP					
TITLE	EDGETH HE E POOL	☐ DELETE	2.1 TITLE	,	<del>_</del>		Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				}
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				
TITLE		DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS			•	
CITY-ST-ZIP		_	3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME		1	4, 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-S	T- ZIP			□ Ch	Addition
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS				}
CITY-ST-ZIP		C belete	5.4 CITY-S 6.1 TITLE	T-ZIP			Change	Addition
TITLE		☐ DELETE	6.2 NAME				Change	L. Addison
NAME				T ADDRESS				
STREET ADDRESS								Ì
CITY-ST-ZIP	wife that the information complied with this filing do		6.4 CITY-S		Lin Section 110 07/2\/i\ Elec	ida Statutes I further certi	futhat the in	formation

Country

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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 informati 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: