## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000003136 (6) DOCUMENT #

H & H HERTNECK, INC.

## FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address % D.A. THIEMANN. CPA P.A. 11380 PROSPERITY FARMS RD #217 % D.A. THIEMANN, CPA P.A 11380 PROSPERITY FARMS RD #217 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0622711 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THIEMANN, DIETER A 11380 PROSPERITY FARMS RD #217 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 83 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Addition 1.1 TITLE Change NAME HERTNECK, HILMAR 1.2 NAME 8216 QUAIL MEADOW TRACE STREET ADDRESS 1.3 STHELT ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP 14 CITY-ST-ZIP V DELETE TITI F 2.1 HILE Change ☐ Addition HERTNECK, HEIDI NAME 2.2 NAME 8216 QUAIL MEADOW TRACE STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP 2. 4 CITY-51-7IP THLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes in orthor certify that the information indicated on this annual report or symplemental angular report is true and accurate and that my signature shall have the same legal effect as if made under oals, that I am an officer or director of the corporation or the receive or trustee engrowered to execute this report as required by Chapter 607, Florida Statutes; and that my party and the corporation of the corporati j filing does not qualify for the exemption stated in Section 119.07(3)(1), πίσταα διαμίου πούτιοι θότμη πίσται πίστης ual report is true and accurate and that my signature shall have the same legal effect as if made under oatt, that I am a or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my participation Block 12 or Block 13 if char