SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:23

DOCUMENT # **H20042** **(8)**

1. Corporation Name
KEN ALLEN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
% KENDALL W. ALLEN 540 N HWY 434. STE 530 ALTAMONTE SPRINGS FL 32714	% KENDALL W. ALLEN 540 N HWY 434. STE 530 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1984
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2447357 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLEN, KENDALL W. 540 N HWY 434 STE 530 ALTAMONTE SPRINGS 32714	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	ALLEN, KENDALL W.	12 NAME		
STREET ADDRESS	540 NORTH HIGHWAY 434, SUITE 530	13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP		
TITLE	DVT	21 TITLE		☐ Change ☐ Addition
NAME	ALLEN, CAROL C.	22 NAME		
STREET ADDRESS	540 NORTH HIGHWAY 434, SUITE 530	23 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☑ Change ☐ Addition
NAME	CARTER, SION W. JR.	32 NAME		
STREET ADDRESS	~~401 E. JACKSON ST.~~	33 STREET ADDRESS	2618 TIMBERLAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Kendall W Allen 6-13-95 407 869 8867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KENDALL W. ALLEN

0006884 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **H21482** **(5)**

1. Corporation Name
HDC ADVERTISING, INC.

Principal Place of Business	Mailing Address
1901 W CYPRESS CREEK RD 6TH FL FORT LAUDERDALE FL 33309 US	1901 W CYPRESS CREEK RD 6TH FL FORT LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1984	3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2553982	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOUSIGNANT, NORMAND 3599 SATIN LEAF CT CORAL SPRINGS FL 33065	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	DRURY, JOHN R.	12 NAME	
STREET ADDRESS	4992 NW 97TH DR.	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPGS FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COHEN, PHIL	22 NAME	
STREET ADDRESS	1101 PARKSIDE CIR. NO.	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HARRIS, STANLEY JR	32 NAME	
STREET ADDRESS	11841 N.W. 11TH ST.	33 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TOUSIGNANT, NORMAND	42 NAME	
STREET ADDRESS	3599 SATIN LEAF COURT	43 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Normand Tousignant Normand Tousignant 6/5/95 305-721-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073084 CP