

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90023 028 ***150.00

DOCUMENT # J97396

1. Corporation Name
HFG INVESTMENT CORPORATION

Principal Place of Business
C/O ROBERT D. LETTMAN, P.A.
8010 N. UNIVERSITY DR., 2ND FLOOR
TAMARAC FL 33321-2118

Mailing Address
C/O ROBERT D. LETTMAN, P.A.
8010 N. UNIVERSITY DR., 2ND FLOOR
TAMARAC FL 33321-2118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1987

4. FEI Number

65-0538770

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

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 4p ALICE DAVIS

2a. Mailing Address

26 4p ALICE DAVIS

Suite, Apt. #, etc.

22 5911 N.E. 21 DRIVE

Suite, Apt. #, etc.

27 5911 N.E. 21 DRIVE

City & State

23 FT LAUDERDALE, FL.

City & State

28 FT LAUDERDALE FL.

Zip

24 33308

Country

25 U.S.A.

Zip

29 33308

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LETTMAN, ROBERT D ESQUIRE
8010 N. UNIVERSITY DR., SECOND FLOOR
TAMARAC FL 33321-2118

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/99

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME DAVIS, ALICE
STREET ADDRESS 1501 N.E. 40TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL

☒ DELETE

TITLE DPST
NAME ALICE DAVIS
STREET ADDRESS 5911 N.E. 21 DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/99 954.267-0945

0316388

CR2E034 (11/98)