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

Mailing Address

C/O DALE D. HELLING

2431 ALOMA AVENUE

2a. Mailing Address

City & State

Suite, Apt. # etc.

26

27

WINTER PARK FL 32792

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORICA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K04302**

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

C/O DALE D. HELLING

WINTER PARK FL 32792

2431 ALOMA AVENUE

21

22

23

24

HRIC PURCHASING, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90031 025 \*\*\*150.00

l i Bandiji bil obiji bibob jiril bolik libi bibil bibil bibil bibil bibil bibil bibil i bibil i bibil i bibil			
	DO NOT WRITE IN THIS SPACE		
3.	Date Incorporated or Qualifed		
	11/24/1987		
4.	FEI Number		Applied For
	59-2856434		Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Trust Fund Contribution 28 Country Country This corporation owes the current year Intangib'e 30 Personal Property Tax.  $\square$ No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HELLING, DALE D. Etreet Address (P.O. Box Number is Not Acceptable) 2431 ALOMA AVENUE WINTER PARK FL 32792 83 84 City Zip Code 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flori la 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.

SICINATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed o printed name of regis ered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPS DELETE C hange ☐ Additior TITLE 1.1 TITLE HELLING, DALE NAM E 1.2 NAME 2431 ALOMA AVE STRUET ADDRESS 1.3 STREET AD DRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition ☐ { hange TITLE: 2.1 TITLE NAM E 2.2 NAME 2.3 STREET ADDRESS STRUET ADDRESS 2. 4 CITY-ST-Z-2 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAM E 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY ST-ZIF ☐ DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition 4. 2 NAME NAM : STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-ZIF ☐ DELETE TITLE 51 TITLE ☐ Change ☐ Additior 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-ZIP TITLE □ DELETE 6.1 TITLE ☐ Addition 6.2 NAME NAM : 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 writer 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.

DALE D. HELLING, PRES 4/26/99 (407/1078-1106)
DATE Daving From # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR