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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K21087

(7)

H. D. G. INVESTMENTS CORP.

FILED Apr 14 1997 8:00am Secretary of State

ja i			}	A PARABAYA BIRA KIRBA KARAL BARAK KAKIL KARA BARAK BARAK BIRBA BARAK BARAK BARAK BARAK BARAK BARAK BARAK BARAK						
Principal Piace of Business **N LEWIS HECKER 188 WILD DUCK RD. 8TAMFORD CT 08903		Mailing Address 10582 STONE BRIDGE BLVD #6075 BOCA RATON FL 33498-2004								
		US		3	 Date Incorporated or Qualified 		ate of Last Report			
41.						04/15/1988	04/	15/1996		
2	Principal Place of Business	28. Mailing Addres	35		4.	FEI Number		Applied For		
Suite, Apt. #, etc.		26				<u>65-0057646</u>	Not Applicable			
		Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
23	City & State	City & State			6	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	Zip Country	Zip 29	30	intry			☐ Yes [□ No		
9. Name and Address of Current Registered Agent					10	. Name and Address of New R	gistered	Agent		
	HECKER, LEWIS 6797 WILLOW WOOD DR.			81 Name	46		KE	<u> </u>		
	BOCA RATON FL 33434			L	Address (P.O. Rox Number is Not Accepta	BAI	DES BLUD		
				B3	₩	-	,-			
				84 City	Boc		FL	85 Zip Codo 96		
11 :	Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar will and accept provides	ale of Morida. Such change	e was authorize	d by the corp	corporation's	on submits this statement for the board of directors. I hereby acce	pt the app	changing its registered ointment as registered		

			. 1. 1 . 4	アルク トックレン	- 「トープラ	776							
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, of both, in the State of Marida. 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 by obtigations of, Section 607.0505, Florida Statutes.													
agent. I am familiar with and accept to obtigations of, Section 607.0505, Florida Statutes.													
SIGNATURE 4/8/9/													
Signature. Note or printed name of the large above agont and the large above (NOIE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12													
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
TITLE .	D	DELETE	1.1 TITLE		☐ Change	Addition 2							
NAME.	WOLF, JEROME L.		1.2 NAME	j		13							
STREET ADDRESS	6242 N FEDERALHWY		1.3 STREET ADDRESS			آ <u>ا</u> ا							
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY - ST - ZIP		. /								
TITLE	P	DELETE	2.1 TITLE		Change	Addition							
NAME	HECKER, LEWIS		2.2 NAME	10583 STOKE	BRIDGE R	CUP							
STREET ADDRESS	156 WILD DUCK RD.		2.3 STREET ADDRESS	1 2 -		-0-							
CITY-ST-ZIP	STAMFORD CT		2 4 CITY-ST-ZIP	BOCA KATON I	re 534	58							
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition							
NAME			3.2 NAME			1							
STREET ADDRESS			3.3 STREET ADDRESS			ì							
CITY-ST-ZIP			3.4. CITY - ST - ZiP			}							
TITLE		DELETE	4.1 TITLE		☐ Change	Addition							
NAME			4. 2 NAME			j							
STREET ADDRESS			4.3 STREET ADDRESS										
CITY-ST-ZIP			4.4 CHY-ST-ZIP			(
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition							
NAME			5.2 NAME			1							
STREET ADDRESS			5.3 STORES ADDORESS	1									

6.4 City-st-zip

14. I do 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 should report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the control or the recensor of truffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on as all formation with an address.

5.4 CHTY-ST-ZIP

6.3 STREET ADDRESS

6.1 THE

6.2 NAME

DELETE

SIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4/8/9-

Change