

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 -1 AM 10:52

DOCUMENT # **K34501** (2)  
1. Corporation Name  
**HCS HOLDING CORPORATION**

Principal Place of Business Mailing Address  
**3115 VISTA MAR ST.  
FT. LAUDERDALE FL 33304** **3115 VISTA MAR ST.  
FT. LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/27/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0074601** 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 has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☒ No

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

## 9. Name and Address of Current Registered Agent

**GREENE, RICHARD P  
2455 E. SUNRISE BLVD., STE.905  
FT. LAUDERDALE FL 33304**

## 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 the corporation)

(NOT: Registered Agent signature required when registering)

(DATE)

## 12. OFFICERS AND DIRECTORS

TITLE **PST**  
NAME **HYVARINEN, HENRY**  
STREET ADDRESS **3115 VISTA MAR ST.**  
CITY ST ZIP **FT. LAUDERDALE FL 33304**  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

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 110.07(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 unchanged, or on an attachment to this report.

SIGNATURE: ☒

(Signature typed or printed name of officer or director)

7-1-95 305-566-2643  
Date Signature