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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

HCS HOLDING CORPORATION

(2)

FILED Apr 08 1998 8:00am Secretary of State



L									
Principal Place of Business Mailing Address						I INDIGIO GRO TOTAL BASES STATE ORDER LIGHT BASES	ALEN BIGK WIE	II MIMEL LAME	
3115 VISTA MAR ST. 3115 VISTA MAR ST. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304					DO NOT WRITE IN THIS:	SPACE			
						3. Date Incorporated or Qualified 09/27/1988			
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	A	pplied For	
21		26				65-0074601	No	ot Applicable	
Suite, Apt.		27	<u> </u>			6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat		City & S 28	tale			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	<u> </u>	_ Countr	У	8. This corporation owes or has paid the cur		1	
24	25 29 29 9. Name and Address of Current Registered Agent			30		Personal Property Tax due June 30. 10. Name and Address of New Registered		_ No	
		rent Megistered Ag	erit	81	Name	Iti. Name and Address of New negistered	- gent		
Greene, Richard P 2455 E. Sunrise Blvd., Ste.905									
	LAUDERDALE FL 33304	3			<u> </u>	Address (P.O. Box Number Is Not Acceptable)			
<u> </u>				83	*				
				84	1 ""	FL	1	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 607.1508, late of Florida, Such late of Such late of Section	Florida Statutes, change was aut 607.0505, Floric	, the above horized b da Statute	ve-named by the corp es.	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	changing it ointment as	ts registered registered	
SIGNATURE									
Signature, typed or printed name of registered agent and liftle if applicable (NO1E: R					ent signature	Prequired when reinstating) DATE	PIPEOTOL	20 11 40	
12.	PST OFFICERS A		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	HYVARINEN, HENRY			1.2 NAME					
STREET ADDRESS	3115 VISTA MAR ST.				T ADDRESS			ľ	
CITY-ST-ZIP	FT. LAUDERDALE FL 3330	4	1	1,4 CITY-	1			· · · · · · · · · · · · · · · · · · ·	
TITLE			DELETE	2.1 TITLE	01.21		Change	Addition	
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	T ADDRESS			İ	
CFTY-ST-ZIP				2. 4 CiTY	·ST-ZIP				
TITLE			DELETE	3.1 TITLE			☐ Change	Addition	
NAME			l l	3.2 NAME				ì	
STREET ADDRESS					T ADDRESS	·		ļ	
CITY-ST-ZIP			DELETE	3.4. CITY-	ST-ZIP		Change	Addition	
TIFLE		L	_ vecet	4.1 TITLE		}	☐ rusude	T VODITION	
NAME execut appears				4. 2 NAMI					
STREET ADDRESS CITY-ST-ZIP				4.3 STREE	T ADDRESS				
TITLE			DELETE	5.1 TITLE	V1 - ZII		Change	Addition	
NAME		_		5.2 NAME	i				
STREET ADDRESS			İ		T ADDRESS				
CITY-ST-ZIP			l	5.4 CITY-		·			
TITLE	·	Ĺ	DELETE	6.1 TITLE			Change	☐ Addition	
NAME	ı.			6.2 NAME				Į.	
STREET ADDRESS				6.3 STREE	T ADDRESS			1	
CITY-ST-ZIP				64 CITY-		L			
44 I horoby a	portify that the information symplice	Lwith this films shoe	not auglify for t	the even	ntion state	ad in Section 110 07(3)(i) Florida Statutes I further co	etify that the	information 1	

Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 employered 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:

1: 954-566-2643