Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90122 001 \*\*\*150.00

## 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

## DOCUMENT # L21868

1. Corporation Name

HBH DE	VELOPMENT COMPANY				A HORESTON I DEVE HERDE HIDDEN KONKO BETTEN FRANK	EN CHEN ENEN ENEN I	
Principal Place	a of Business	Mailing Address	<u>-</u>				
SCOTT F. BRENNER 3195 N. POWERLINE RD STE. 104 3195 N. POWERLINE RD STE. 104 3195 N. POWERLINE RD ST POMPANO BEACH FL 33069 POMPANO BEACH FL 33069					DO NOT WRITE IN T	THIS SDACE	
POMPANO BEA 	CH FL 33069	POMPANO DEAGH FL 330	09		3. Date Incorporated or Qualifed	HIS SPACE	
					10/10/1989		l
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21 26					65-0171792	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>¬</b> '''		5. Certificate of Status Desired	Desired \$8.75 Additional Fee Required	
City & Stat	e	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Country	<i>,</i> — —	<ol> <li>This corporation owes the current yea</li> </ol>		/
24	25	29	30		Personal Property Tax.	☐ Yes	ŢĪŃo
	9. Name and Address of Curren	t Registered Agent		<del> </del>	10. Name and Address of New Registe	red Agent	
POE	NNED SCOTT E		81	Name			Ì
BRENNER, SCOTT F.			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
3195 N. POWERLINE RD. SUITE 104			<u></u>				
	PANO BEACH FL 33069		83	1			J
			i	84 City FL 85 Zip Code			
11. Pursuant office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	2 and 607.1508, Florida Statu of Florida. Such change was a tions of Section 607.0505. Flo	tes, the above authorized by orida Statutes	e-named corporation	poration submits this statement for the purposion's board of directors. I hereby accept the ap	e of changing its opointment as re	registered gistered
ł -	V		.,, •,,,,,,,	•			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered Age	nt signature require	ed when reinstating)		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DS	☐ DELETE	1.1 TITLE			Change	Addition
NAME	HOROWITZ, HYMAN		1.2 NAME	İ			j
STREET ADDRESS	3195 N. POWERLINE RD.		1.3 STREE	TADDRESS			ļ
CITY-ST-ZIP	POMPANO BEACH FL		1.4 C/TY-5	iT-ZIP			
TITLE	DP	☐ DELETE 2.11		1		☐ Change	☐ Addition
NAME			2.2 NAME	}			{
STREET ADDRESS	3195 N. POWERLINE RD.			T ADDRESS			
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE	ST-ZIP		[] Change	Addition
<u>uire"</u> -	• = == • • <del>- =</del> · · · ·	<b>1</b>		-		. Change	LJ AGGIGGE
NAME			3.2 NAME				
STREET ADDRESS	}			TADDRESS			Ì
CITY-ST-ZIP		☐ DELETE	3.4. CITY-:	ST-ZIP		Change	Addition
TITLE		□ nerele					
NAME			4. 2 NAME				
STREET ADDRESS			1	T ADDRESS			Ì
CITY-ST-ZIP TITLE	<del></del> -	☐ DELETE	4.4 CITY-5	11-217		☐ Change	Addition
NAME			5.2 NAME	1			
1				T ADDRESS			}
STREET ADDRESS			5.4 CITY-5				ļ
CITY-ST-ZIP TITLE			6.1 TITLE			Change	Addition
AIAME			6.2 NAME	1			

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 affachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR