

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L35608** (3)
1. Corporation Name
HB DELRAY, INC.



Principal Place of Business
**3195 N POWERLINE RD
SUITE 104
POMPANO BEACH FL 33069**

Mailing Address
**3195 N POWERLINE RD
SUITE 104
POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified
12/08/1989

3a. Date of Last Report
03/17/1995

4. FEI Number
65-0179094

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**BRENNER, SCOTT F
3195 N POWERLINE RD
SUITE 104
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	3195 N POWERLINE RD #104	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	POMPANO BEACH FL	2.1 TITLE	2.2 NAME
TITLE	STD	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	HOROWITZ, HYMAN	3.1 TITLE	3.2 NAME
STREET ADDRESS	3195 N POWERLINE RD #104	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	POMPANO BEACH FL	4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME		5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Day/Time Phone #

CR2E034 (12/95)