PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M26488

1. Corporation Name

H.R. REALTY & INVESTMENTS, INC.

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Principal Place	e of Business	Maili	ing Address										• • • • • • • • • • • • • • • • • • • •			
C/O FARAJOLLAH SAEDI		C/O FARAJOLLAH SAEDI														
705 ARVIDA PARKWAY		705 ARVIDA PARKWAY:					DO NOT WRITE IN THIS SPACE									
GABLES ESTATES FL 33156		GABLES ESTATES FL 33156					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed									
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2. Principal Pl	lace of Business	2a. N	Mailing Address						El Number					L	+ ' '	lied For
21		26					<u>.</u>	65	5 -01010	<u> 23 </u>						Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Ce	ertifcate of	Status D	esired				/5 A se Red	dditional quired
City & State	9		City & State					6. Ele	ection Can	noaion Fi	nancina			\$5	.00	May Be
23		28	•					ı	ust Fund C	. •	, -					Fees
Zip	Country		ip	Cou	ntry			8. Th	nis corpora	tion owes	the cur	Tent yea	ar Intai	ngible		
24	25	29		30				1	ersonal Pro					🖺 Yes		□No
	9. Name and Address of Curre	nt Registe	red Agent	1 1-1				10. Na	ame and A	ddress	of New	Registe	ered A	gent		
					81	Name	3		-							
	DI, FARAJOLLAH				82	Ctrool	t Addros	(P.O.	. Box Num	hor is No	Accon	table)				
	arvida Parkway				02	Suce	i Addies	55 (F.O.	. DOX MOITI	DEI IS NO	LACCEP					
GAB	BLES ESTATES FL 33156				83											
					84	City				<u> </u>			FL	85	Zip C	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607	'.1508, Florida Stati	utes, the al	bove	-named	d corpor	ration su	ubmits this	stateme	nt for the	e purpo:	se of c	hangii	ng its i	registered
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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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STORATIONS MEDICAL REDUCTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-661-1208

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90035 038 ***150.00