CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000031243 (7)

H.L.F.C., INC.

LERUK GO LUL Di lul	(0)	(

Principal Place	of Business	Mailing Address			
4501 TAMIAM S-418 NAPLES FL 3		4501 TAMIAMI TRAIL NO S-418 NAPLES FL 33940			
				 Date Incorporated or Qualified 04/29/1993 	3a. Date of Last Report 03/22/1995
2. Principal Pla	ice of Business Shapen ve South	2a. Mailing Address 26 600 5 Aver	noe South	4. FEI Number 65-0425988	Applied For
Suite, Apt. #	3 HARVAGODAN	Suite, Apt. #, etc.	noe wor	00 0450000	Not Applicable
22 50,1	e 210	27 Soile 21	2	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		•	6. Election Campaign Financing	55.00 May Be	
23 Naples, FL 28 Paples, FL		 	Trust Fund Contribution	Added to Fees	
Zip Country Zip Country		8. This corporation has liability for			
24 5374	9. Name and Address of Current F	29 <u>33940</u> 30	<u> </u>		s 🔲 No
<u> </u>	g. Name and Address of Current	legistered Agent	81 Name	10. Name and Address of New	Registered Agent
WASME	R, MARTIN M		1		
	MIAMI TRAIL NO		82 Street	Address (P.O. Box Number is Not Accepta	ble)
S-418	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83	00 5th Avenue Sou	4D,
NAPLES	FL 33940			Dite 210	
			84 City	Ocales	EI 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502 ar	nd 637.1508, Florida Statutes, t	ne above named co	orporation submits this statement for the pu	mose of changing its registered office
r or registere	ed agent, or both, in the State of Florida. n, and accept the obligations of, Section	Such chance was authorized b	y the corporation's	orporation stituting this statement for the pro- board of directors. Thereby accept the app	pointment as registered agent. I ani
SIGNATURE _	Signature, typed or printed have of registered agent and	Hitle it applicable (NOTE: B	gistured Agent signature r	required when reinstation	DAIL
12.	OFFICERS AND D	DIFIECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1. 1 1ITLE	Director, President.	Change Addition
NAME	MARTIN, MURRAY	_	1.2 NAME		
STREET ADDRESS	4501 TAMIAMI TRAIL NO., S-41	8	1.3 STREET ADDRESS	600 5th Avenue South, 5	
CITY-ST-ZIP	NAPLES FL 33940		1.4 CITY - ST - ZIP	Director, Chairman.	
TITLE	D MACHEO MADTIN M	DELETE	2 1 11TLE	Dirkola, Chairman.	Change Addition
NAME	WASMER, MARTIN M		2.2 NAME		Z (1)
STREET ADDRESS	4501 TAMIAMI TRAIL NO., S-41 NAPLES FL 33940	8	2 3 STREET ADDRESS	600 5th Avenue South	, Suite 210
CITY-S1-ZIP	D D D D D D D D D D D D D D D D D D D	Fig. believe	2 4 CITY - ST - ZIP	Naples, FL 33940 Director, Vice President.	
TITLE	ZAISER, LENOIR E JR	☐ DELETE	3 1 TITLE	Director, Vice President.	Change Addition
NAME STREET ADDRESS	4501 TAMIAMI TRAIL NO., S-41	e l	3 2 NAME	(00 00 1	Cid. 00
STREET ADDRESS	NAPLES FL 33940	•	33 STREET ADDRESS	600 5th Avenue South	
CITY-ST-ZIP TITLE		□ DELETE	3.4 CITY - ST - ZIP	Director, St. Vice Pres, Tr	Charles De Alles
NAME			4 1 TITLE 42 NAME	Directu Sa Vicerres, Tr	Pas, Change Addition
STREET ADDRESS			4.3 STREFT ADDRESS	Michael J. Schroeder 6005th Avenue South,	Saite 210
CITY-ST-ZIP			4 4 CHY-ST-ZIP	100 Sm HVENUC SOUTH,	
TITLE		DELETE	5 1 THILE	Naples, FL 33940	Change X Addition
NAME			52 NAME	Secretary Donna m. Sisia	Statigo
STREET ADDRESS			5 3 STREET ADDRESS	600 5th Avenue South,	Suite ,210
City-St-ZiP			5.4 City-St-ZiP	Naples , FL 33940.	
TITLE		DELETE	6 1 TITLE	114150 116 00170.	Change Addition
NAME:			6.2 NAME		
STREET ADDRESS			6.3 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:

LEN ZAISER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

941-649-0077 4-26-96