

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P93000031243 (7)**

1. Corporation Name
H.L.F.C., INC.

Principal Place of Business

600 5TH AVE S
STE 210
NAPLES FL 34102
US

Mailing Address

600 5TH AVE S
STE 210
NAPLES FL 33940
US

APPROVED
AND
FILED

98 OCT 30 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified

04/29/1993

4. FEI Number

65-0425988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WASMER, MARTIN M
600 5TH AVE S
STE 210
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Martin M. Wasmer
Signature, typed or printed name of registered agent and title if applicable.

Martin M. Wasmer, Director

10/29/98
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **WASMER, MARTIN M**
STREET ADDRESS **600 5TH AVE S STE 210**
CITY-ST-ZIP **NAPLES FL**

TITLE **PD** ☐ DELETE

NAME **ZAISER, LENOIR E IV**
STREET ADDRESS **600 5TH AVE SOUTH STE 210**
CITY-ST-ZIP **NAPLES FL**

TITLE **DSVT** ☐ DELETE

NAME **MICHAEL S. SCHROEDER**
STREET ADDRESS **600 5TH AVE S STE 210**
CITY-ST-ZIP **NAPLES FL**

TITLE **VSD** ☐ DELETE

NAME **SISIA, DONNA M**
STREET ADDRESS **600 5TH AVE SOUTH STE 210**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **800002678558**
1.3 STREET ADDRESS **-11/03/98--01023--015**
1.4 CITY-ST-ZIP ******758.75 ****758.75**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DVT** ☒ Change ☐ Addition

3.2 NAME **Michael S. Schroeder**
3.3 STREET ADDRESS **600 5th Avenue S. Ste 210**
3.4 CITY-ST-ZIP **Naples, FL 34102**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address.

SIGNATURE: Donna M. Sisia **REQUIRED**

10/29/98

94-243-6877

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CR2E034 (5/98)