

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057883 (9)**

1. Corporation Name

HIATT MARKETING CONCEPTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1801 S FEDERAL HWY
SUITE 219
DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified **08/16/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. **26** *C/O W.F. Tremblay, P.A.*
22 City & State **27** *1801 S. Federal Hwy.*
23 **28** *Suite 219*
24 **25** *Delray Beach, FL 33483*

4. FEI Number **65-0434094** 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

9. Name and Address of Current Registered Agent

**TREMBLAY, W J
1801 S FEDERAL HWY
SUITE 219
DELRAY BEACH FL 33483**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person authorized to change registered agent and the filer)

(Signature of Registered Agent, appointment requested after filing)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D	NAME HIATT, L R	1. TITLE PRES	☐ Change ☒ Addition
2. STREET ADDRESS 342 W CONFERENCE DR		2. NAME	
3. CITY, ST, ZIP BOCA RATON FL 33486		3. STREET ADDRESS	
4. TITLE		4. CITY, ST, ZIP	☐ Change ☐ Addition
5. NAME		5. TITLE	
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100. TITLE		100. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in Sections 119.07(9)(b), Florida Statutes. I further certify that this information was filed on this annual report or supplemental annual report is true and as required 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:

L.R. Hiatt
L. R. HIATT, PRES

PRES

3/14/95 (407) 243-6355