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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P93000081517	(3)
1. Corporation Name		•

H2L ENTERPRISES, INC.

Principal Place	of Business	Mailing Address						1,	
412 NW 1ST /		412 NW 1ST AVE FT LAUDERDALE FL 33301							
FT LAUDERDA	LE FL 33301	FT UNUUCNUNCE FL 33301	•		<u> </u>	3. Date Incorporated or Qualified	Jan Dato	of Last R	Report
						11/29/1993		/10/199	
2. Principal Pla	ce of Business	2a. Mailing Address				4, FEI Number	1		Applied For
21		26				65-0451415			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		City & State				6. Election Campaign Financing			May Be
City & State		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	_	untry		8. This corporation has liability for		x under s	199.032
24	25		30			Florida Statutes Yes Name and Address of New F		Acent	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	ent Registered Agent	•	B1 Name	1	O. Name and Address of New P	agistorou .	- gont	
FILINIOS	MAC .			_\A^ c	<u>80</u>	JOHMAN, ESQUIR	E		
FILINGS	TLE DEAL RD.			82 Street A	Address	(P.O. Box Number is Not Acceptate	· ·		
	SSEE FL 32308			83		VIV ON CALL			
1742344				Od City				85 Zi	ip Code
	2			84 City	Am)	1	FL	. 1 /2	していったい
	the provisions of Sections 60 .05	o) and 607.1508, Florida Statutes, vida. Such change was authorized ction 607.0505, Florida Statutes.	the abo	ove-named co	orporation	n submits this statement for the pu	rpose of cha	anging its	registered office d agent. Lam
or registere familiar with	ed agent of both, in the State of Fig h, and a cept the oblight his of, Sc	ction 607.0505, Florida Statutes.	by the		DOMIC O	directors. Thoreby accept the app		10	, again, , an
SIGNATURE _		LISA E. LUDWIG	s f	PRESINS	San		410	26/9	φ
		on and title if applicable. (NOTE ND DIRECTORS	Registere 13.	d Agent signature re	required who	on reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIBECTO	ORS IN 12
12. TITLE	ST OFFICERS A	DELETE	_	TITLE	T	ADDITIONS/OFFARGES TO OFF		Change	
NAME	LUDWIG, RANDY			NAME					
STREET ADDRESS	870 SW 55 AVENUE		1.3 9	STREET ADDRESS					
CITY-SI-ZIP	MARGATE FL		1.4 0	CITY-ST-ZIP				,	
TITLE	V .	☐ DELETE	2 1	TITLE			[Change	Addition
NAME	HUDACK, TOM		221	NAME					
STREET ADDRESS	1413 SW 8TH COURT		•	STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL	ביין סרו דוני	_	CITY-ST-ZIP	-		-	Change	Addition
TITLE	P LUDWIG, LISA	☐ DELETE		TITLE NAME			•		
NAME CERTAIN ADDRESS	1220 HAMPTON BLVD. #23	33	•	STREET ADDRESS					
STHEET ADDRESS	N. LAUDERDALE FL			CITY-ST-ZIP					
CITY-ST-ZIP TULE		☐ DELETE	_	TITLE	1			Change	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3	STREET ADDRESS					
CITY-ST-ZIP				CITY - ST- ZIP	ļ			Chanca	Addition
TITEF		☐ DELETE		TITLE				☐ Change	LT MODITION
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-S1-ZIP		☐] DELETE		CITY-ST-ZIP	 			☐ Change	Addition
TITLE NAME				NAME				•	
STREET ADDRESS				STREET ADDRESS					
0.71/-07-7/0			6.4	CITY-ST-ZIP	l				
14. I do hereb	I by certify that the information supplied the information indicated on this a	ed with this filing is voluntarily furnis	hed and	d does not qui	alify for t	he exemption stated in Section 119	9.07(3)(k), Fi e same leoa	orida Stati i effect as	utes. I further if made under
certify that	f the information indicated on this a I am an officer or director of the co n Block 12 or Block 13 is changed	rporation or the receiver or trustee	empow	ered to execu	ite this re	eport as required by Chapter 607, I	lorida Statu	tes; and t	hat my name
appears in	Block 12 or Block 13 t changed	or on an attachment with an address	SS.				ı		

SIGNATURE:

RE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR

4/2496 1954)524-6619

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