

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000014745 (1)**

1. Corporation Name

**HQ HIDDEN RIVER, INC.**



Principal Place of Business

**1600 GOLF ROAD  
SUITE 1200  
ROLLING MEADOWS IL 60008**

Mailing Address

**1600 GOLF ROAD  
SUITE 1200  
ROLLING MEADOWS IL 60008**

3. Date Incorporated or Qualified

**02/23/1994**

3a. Date of Last Report

**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

**21 8875 Hidden River Parkway**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 #300**

**27**

City & State

City & State

**23 Tampa FL**

**28**

Zip

Zip

Country

Country

**24 33637**

**25**

**USA**

**29**

**30**

4. FEI Number

**36-3939519**

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

10. Name and Address of New Registered Agent

**REIZBURG, ANNETTE  
2255 GLADES RD., SUITE 324A  
BOCA RATON FL 33431**

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 officer 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

Signature, typed or printed name of registered agent and initial applicable

2000 Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **WHITEHOUSE, RON**  
STREET ADDRESS **1600 GOLF ROAD, SUITE 1200**  
CITY-ST-ZIP **ROLLING MEADOWS IL 60008**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **KERL, DON**  
STREET ADDRESS **1600 GOLF ROAD, SUITE 1200**  
CITY-ST-ZIP **ROLLING MEADOWS IL 60008**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **REIZBURG, ANNETTE**  
STREET ADDRESS **801 BRICKELL AVENUE, 9TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/96**

**(847) 981-5001**

Date

Telephone #

CR2E034 (12/95)