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CORPORATION **ANNUAL REPORT**



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

1996

SIGNATURE:

P94000038087 (0)

H & G	MENT # P9400 INC.		·			
Principa! Place	e of Business	Mailing Address			COPIA COLOR DINO (COLOR	
2659 MORNINGSIDE BLVD. PORT ST. LUCIE FL 34952		2659 MORNINGSIDE BLVD. PORT ST. LUCIE FL 34952				
				3. Date Incorporated or Qualified 05/16/1994	3a. Date of Last 04/25/1	
~1	ace of Business	2a. Mailing Address		4. FEI Number	1 01/20/1	Applied For
1		26		65-0496474		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	75 Additional
City & State)	City & State		6. Election Campaign Financing		e Required
3		28		Trust Fund Contribution		00 May Be ded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it		s 199.032,
<u> </u>	9, Name and Address of Curren	29 Pagistered Agent	30	Florida Statutes Yes		
	g, marita and modified	in riogistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
FARREL	L, RICKEY L ESQ.			5 000		
	E. PORT ST. LUCIE BLVD.		82 Street Addi	ress (P.C. Box Number is Not Acceptable	le)	
PORT S	T. LUCIE FL 34952		83			
			84 City		Too	7ia Cada
			'			Zip Code
1. Pursuant t	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori	2 and 607.1508, Florida Statu da, Such change was authori	tes, the above-named corpor	ration submits this statement for the purp	pose of changing its	s registered office
or register			zed by the corporation's boa	erd of directors. I haraby account the anno		
familiar wit	th, and accept the obligations of, Sect	tion 607.0505, Florida Statute	zed by the corporation's boa s.	ard of directors. I hereby accept the appo	ointment as registeri	ed agent. I am
GIGNATURE _	or, and accept the obligations or, Sect	tion 607.0505, Florida Statute	s.			ed agent. I am
GIGNATURE _	Signature, typed or printed name of registered agent	Land title if applicable (N	S. OTE: Registered Agent signature require	xf when reinstatings	DATE	
IGNATURE _	Signature, typed or printed name of registered agent	tion 607.0505, Florida Statute	s.		DATE CERS AND DIRECT	FORS IN 12
IGNATURE _	Signature, typed or printed name of registered agent OFFICERS AN D RENNA, MARIE	Lend little if applicable (N D DIRECTORS	S. OTE Registered Agent signature require	xf when reinstatings	DATE	FORS IN 12
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