

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90021 001 ***600.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000055501

1. Corporation Name
H D INVESTMENT GROUP, INC.



Principal Place of Business
6367 N.W. 26 TERRACE
BOCA RATON FL 33496

Mailing Address
6367 N.W. 26 TERRACE
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1994

4. FEI Number

65-0510035

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 434 AREA PALM RD.

Suite, Apt. #, etc.

22 City & State
BOCA RATON, FL.

24 Zip 33432 25 Country USA.

2a. Mailing Address

26 434 AREA PALM RD.

Suite, Apt. #, etc.

27 City & State
BOCA RATON, FL.

29 Zip 33432 30 Country USA.

9. Name and Address of Current Registered Agent

GARGANO, RONALD A
6367 N.W. 26 TERRACE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is not acceptable)
434 AREA PALM RD.

83

84 City BOCA RATON

FL

85 Zip 33432

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

Signature, typed or printed name of registered agent and title if applicable (Not for Registered Agent signature required when reinstating)

DATE

04.20.99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME GARGANO, RONALD A
STREET ADDRESS 6367 NW 26 TERRACE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE VPD ☐ DELETE

NAME GARGANO, ROGANNE
STREET ADDRESS 6367 NW 26TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS 434 AREA PALM RD.
1.4 CITY-ST-ZIP BOCA RATON, FL. 33432

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 434 AREA PALM RD.
2.4 CITY-ST-ZIP BOCA RATON, FL. 33432

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.20.99

561-395-1718

CR2E034 (11/98)