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FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000071028 (2)

1. Corporation Name

HFI REAL ESTATE COMPANY, INC.



Principal Place of Business

6350 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228  
US

Mailing Address

P.O. BOX 2314  
SARASOTA FL 34230-2314

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0525699

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

HUBBARD, STEVEN W  
2080 MCGREGOR BLVD.  
THIRD FLOOR  
FORT MYERS FL 33901-3419

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. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NINK, MICHAEL E.  
STREET ADDRESS 6350 GULF OF MEXICO DRIVE  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE VP ☐ DELETE

NAME LAYFIELD, JAMES D  
STREET ADDRESS 6350 GULF OF MEXICO DRIVE  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE VPD ☐ DELETE

NAME MARISCHEN, ROBERT J  
STREET ADDRESS 14323 S OUTER FORTY DR #600N  
CITY-ST-ZIP CHESTERFIELD MO

TITLE VPST ☐ DELETE

NAME VERKRUYSSE, ANTHONY J  
STREET ADDRESS 14323 S. OUTER FORTY DR #600N  
CITY-ST-ZIP CHESTERFIELD MO

TITLE D ☐ DELETE

NAME HUNTER, B.D.  
STREET ADDRESS 14323 S OUTER FORTY DR #600W  
CITY-ST-ZIP CHESTERFIELD MO

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE

ANTHONY J. VERKRUYSSE 4/1/97 (314) 878-0155

CR2E034 (9/96)