


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90260 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000071034 1. Corporation Name HFI DEVELOPMENTS, INC.			
Principal Place of Business 6350 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 US		Mailing Address 14323 S. OUTER FORTY. #800 N. TOWN & COUNTRY MO 63017	
2. Principal Place of Business 21 <input type="text"/> 2a. Mailing Address 26 <input type="text"/>			
Suits, Apt. #, etc. 22 <input type="text"/>		Suits, Apt. #, etc. 27 <input type="text"/>	
City & State 23 <input type="text"/>		City & State 28 <input type="text"/>	
Zip 24 <input type="text"/>		Zip 29 <input type="text"/>	
Country 25 <input type="text"/>		Country 30 <input type="text"/>	
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 CT CORPORATION 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. FINE ISLAND RD 83 <input type="text"/> 84 City PLANTATION FL 85 Zip Code 33324	
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 <i>J. L. Miles</i> J. L. Miles, Asst. Secretary 6/1/99 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 <input type="checkbox"/> DELETE NAME PDAS STREET ADDRESS MARISHEN, ROBERT J. CITY-ST-ZIP 14323 S. OUTER FORTY DR. #800N TOWN & COUNTRY MO 63017		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME VPST STREET ADDRESS VERKRUYSSE, ANTHONY J. CITY-ST-ZIP 14323 S. OUTER FORTY DR. #800N TOWN & COUNTRY MO 63017		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME VP STREET ADDRESS LAYFIELD, JAMES CITY-ST-ZIP 6350 GULF OF MEXICO DR. LONGBOAT KEY FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME VP STREET ADDRESS NINK, MICHAEL E. CITY-ST-ZIP 6350 GULF OF MEXICO DR. LONGBOAT KEY FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS HUNTER, B.D. CITY-ST-ZIP 14323 S. OUTER FORTY DR. #800N TOWN & COUNTRY MO 63017		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:

Anthony J. Verkruyse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY J. VERKRUYSSE
 Date

314 878 0155
 Daytime Phone #

CR2E034 (11/98)