

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082688 (0)

1. Corporation Name
HHI ACQUISITION CORP.



Principal Place of Business
200 S. ANDREWS AVE., 6TH FLOOR
FORT LAUDERDALE FL 33301

Mailing Address
200 S. ANDREWS AVE., 6TH FLOOR
FORT LAUDERDALE FL 33301-1864

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
08/07/1996

2. Principal Place of Business
21 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

22 Suite 1500
City & State

23 FT. LAUDERDALE FL
Zip Country

24 33301 USA

25 USA

26 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

27 Suite 1500
City & State

28 FT. LAUDERDALE FL
Zip Country

29 33301 USA

4. FEI Number
65-0606780

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ROCHON, RICHARD C
200 S. ANDREWS AVE., 6TH FLOOR
FORT LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PIERCE, WILLIAM
200 S. ANDREWS AVE., 6TH FLOOR
FORT LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BRANDEN, CRIS V
200 S. ANDREWS AVE., 6TH FLOOR
FORT LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change ☒ Addition ☐
450 EAST LAS OLAS BLVD, SUITE 1500
FT. LAUDERDALE FL 33301

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change ☒ Addition ☐
450 EAST LAS OLAS BLVD, SUITE 1500
FT. LAUDERDALE FL 33301

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change ☒ Addition ☐
450 EAST LAS OLAS BLVD, SUITE 1500
FT. LAUDERDALE, FL 33301

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐
000002161050--6
05/01/97--01001--021

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐
***3300.00 ***165.00

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐
B51-97

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: _____ DATE: 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CRIS V BRANDEN
Daytime Phone #: 954-627-5000

CR2E034 (9/96)