

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

FILED

Apr 25 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 # P95000001603 (6)

1. Corporation Name  
H.I.J. ASSOCIATES, INC.

Principal Place of Business  
2271 S UNIVERSITY DR  
DAVIE FL 33324  
US

Mailing Address  
2271 S UNIVERSITY DR  
DAVIE FL 33324-5825  
US



3. Date Incorporated or Qualified 01/06/1995  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 8350 Griffin Road  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

4. FEI Number 65-0554281  
Applied For Not Applicable

22 City & State  
23 Davie Florida

27 City & State  
28

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33328 25 Broward

29 30

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

FILINGS INC.  
3732 N.W. 18TH STREET  
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name Joan Bardzik  
82 Street Address (P.O. Box Number is Not Acceptable) 8350 Griffin Road  
83  
84 City Davie FL 85 Zip Code 33328

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 *Joan E. Bardzik* (NOTE: Registered Agent signature required when reinstating) DATE 4-17-97

12. OFFICERS AND DIRECTORS

TITLE	0	DELETE
NAME	SHAPIRO, JACK	
STREET ADDRESS	4930 HAWKES BLUFF AVE.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	DELETE
NAME	SHAPIRO, ELAINE	
STREET ADDRESS	4930 HAWKES BLUFF AVE.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	DELETE
NAME	HOFFMAN, PERRY L	
STREET ADDRESS	4930 HAWKES BLUFF AVE.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	DELETE
NAME	HOFFMAN, RHONDA	
STREET ADDRESS	4930 HAWKES BLUFF AVE.	
CITY-ST-ZIP	DAVIE FL 33314	
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	President/Director	Change	Addition
1.2 NAME	Joan Bardzik		
1.3 STREET ADDRESS	8350 Griffin Road		
1.4 CITY-ST-ZIP	Davie, FL 33328		
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: *Joan E. Bardzik* DATE: 4-17-97

CR2E034 (9/96)