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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036046 (7)

HURRICANE INVESTMENT COMPANY HOLDINGS, INC.

Principal Place of Business Mailing Address 9155 N 39TH STREET 2435 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 HOLLYWOOD FL 33020-6629 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1995 04/29/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0580370 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζıρ Country Country 8. This corporation has liability for Mangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RESNICK, MALCOLM L 81 Name 3155 N 39TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 83 84 City 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 Signalure, typod or pointed name of registered agent and title if applicable (NOTE: Repistered Agent's quature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) TITLE DELETE Change 11100 RESNICK, MALCOLM L NAME 1.2 NAME 3155 N 39TH STREET STREET ADDRESS 13 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 23 1111.1 NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP DELETE Addition THE Change 3 1 101 F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 DTUE NAME 4.2 NAME STREET ADDRESS STRELT ADDRESS CITY-ST-ZIP DELETE Change Addition NAME STREET ADDRESS CITY-ST-ZIP DELFTE Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing doc-information indicated on this annual report or supplemental annual I am an officer or director of the corporation of the receiver of trust exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the accurate and that my signature shall have the same legal effect as if made under eath; that execute this report as required by Chapter 607, Florida Statutes; and that my name