PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036046

1. Corporation Name

HURRICANE INVESTMENT COMPANY HOLDINGS, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90049 029 ***150.00



Principal Place of Business Mailing Address					
3155 N 39TH STREET 2435 HOLLYWOOD BLVD.					·
		STE 204 HOLLYWOOD FL 32020			DO NOT WRITE IN THIS SPACE
HOLLEWOOD PL 32020					3. Date Incorporated or Qualified
				. شخصیت	- 05/03/1995
-2-Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26		<u>⊢</u>	<u> </u>		65-0580370 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country Zip Co		Country	/	8. This corporation owes the current year Intangible
24		29 30	<u> </u>		Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Registered Agent
DECNICK MALCOLM I			81	Name	
RESNICK, MALCOLM L 3155 N 39TH STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33021				ļ	
IIOL	LIWOOD L 33021		83		
			84	City	85 Zip Code
					rporation submits this statement for the purpose of changing its registered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authorations of, Section 607.0505, Florida	Statute:	the corporat	tion's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	int signature redui	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ·	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RESNICK, MALCOLM L		1.2 NAME		
STREET ADDRESS	3155 N 39TH STREET		1.3 STREE	TADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-5	ST- ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME I			2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
ΠΠLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME.			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4, CITY-	ST-ZIP	
TITLE		☐ DELETE	4,1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		•	4.3 STREE	T ADDRESS	
CITY-ST-ZIP	•		4.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	ļ	
STREET ADDRESS			5.3 STREE	TADDRESS	•
				1	

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 supplieriental 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 manged, or or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TILE

NAME

STREET ADDRESS

☐ DELETE

Daytime Phone

☐ Change

☐ Addition