

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000046332 (9)  
1. Corporation Name  
HELLO FLORIDA INVESTMENTS AND MANAGEMENT INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 421 MCKINLEY AVE LEHIGH ACRES FL 33936 US		Mailing Address 501 CONSTRUCTION LANE C-2 LEHIGH ACRES FL 33936 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	

3. Date Incorporated or Qualified 06/12/1995	
4. FEI Number 65-0680769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LORENZ, SIEGFRID 501 CONSTRUCTION LANE SUITE C-2 LEHIGH ACRES FL 33936				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		Signature, typed or printed name of registered agent and firm if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE		D		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		STERR, KARL M				1.2 NAME									
STREET ADDRESS		421 MCKINLEY AVE				1.3 STREET ADDRESS									
CITY-ST-ZIP		LEHIGH ACRES FL				1.4 CITY-ST-ZIP									
TITLE		D		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		STERR, INGE				2.2 NAME									
STREET ADDRESS		421 MCKINLEY AVE				2.3 STREET ADDRESS									
CITY-ST-ZIP		LEHIGH ACRES FL				2.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						3.2 NAME									
STREET ADDRESS						3.3 STREET ADDRESS									
CITY-ST-ZIP						3.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						4.2 NAME									
STREET ADDRESS						4.3 STREET ADDRESS									
CITY-ST-ZIP						4.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						5.2 NAME									
STREET ADDRESS						5.3 STREET ADDRESS									
CITY-ST-ZIP						5.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						6.2 NAME									
STREET ADDRESS						6.3 STREET ADDRESS									
CITY-ST-ZIP						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.

CR2E034 (10/97)