

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **HB VENTURES INC**
1. Corporation Name **P95000057477**

Principal Place of Business **1747 VAN BUREN ST**
Ho'

3. Date Incorporated or Qualified **7-10-95** 3a. Date of Last Report

2. Principal Place of Business **HOLLYWOOD FL** 2a. Mailing Address **SAME**
21. Suite, Apt. #, etc. **#790** 26. Suite, Apt. #, etc.

4. FEI Number **65-0604035** Applied For ☐ Not Applicable ☐

22. City & State **Hollywood FL** 27. City & State
23. Zip **33020** 28. Zip Country

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

24. 25. 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
Pres
Howard Blitz
1747 VAN BUREN #790
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
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 **5/30**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD BLITZ	2.1 NAME	
STREET ADDRESS	1747 VAN BUREN #790	13. STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FLA 330	14. CITY - ST - ZIP	
TITLE	Sec/TRE	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATIE BLITZ	23. STREET ADDRESS	1747 VAN BUREN ST #79
STREET ADDRESS	1247 VAN BUREN	24. CITY - ST - ZIP	HOLLYWOOD FL 33020
CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
NAME		33. STREET ADDRESS	
STREET ADDRESS		34. CITY - ST - ZIP	
CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
NAME		43. STREET ADDRESS	
STREET ADDRESS		44. CITY - ST - ZIP	
CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
NAME		53. STREET ADDRESS	
STREET ADDRESS		54. CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	70000185308
NAME		63. STREET ADDRESS	-06/06/96--01022--023
STREET ADDRESS		64. CITY - ST - ZIP	***200.00
CITY - ST - ZIP			5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Pres** **5/30** **754 920 0876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)