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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

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P95000062985 (3)

DOCUMENT #

1. Corporation Name
HIEC GROUP INC

HLFC GROUP, INC.	
Principal Place of Business	Mailing Address
4501 TAMIAMI TRAIL NORTH	4501 TAMIAMI TRAIL NORTH



	of Business	Mailing Address					
	I TRAIL NORTH	4501 TAMIAMI TRAIL N	ORTH		!		
SUITE 420		SUITE 420					
NAPLES FL 3	3940	NAPLES FL 33940					
					3. Date Incorporated or Qualified 08/15/1995	3a. Date of I	Last Report
2. Principal Pla	ice of Business	2a. Mailing Address	^		4. FEI Number		Applied For
21 600	500 Hivenue South	26 600 5	Hvery	عيكيسلا-	<u> </u>		Not Applicable
# Suite, Apt. #	e [#] 210	Suite, Apt. #, etc.	ગાઇ		5. Certificate of Status Desired	× *	8.75 Additional Fee Required
City & State	1am 1	City & State	<i>~</i>		6. Election Campaign Financing		\$5.00 May Be
23 \ Cup)(x, y	28 1 Vaples,	PL_		Trust Fund Contribution	LJ `	Added to Fees
24 339 (40 (25) Country	29 33940	Country	,	8. This corporation has liability for in		nder s. 199.032,
14 O.7 1	9. Name and Address of Current I		30		Florida Statutes Yes 10. Name and Address of New Re		
			81	Name	To. Name and Address of New A	egistered Age	nt
ROGERS	, robert f			<u> </u>			
	GS & LOCKWOOD		82	Street Add	lress (P.O. Box Number is Not Acceptabl	le)	
	MIAMI TRAIL NORTH		83				
NAPLES	FL 33941						
			84	City		F1 8	5 Zip Code
11. Pursuant to	the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statute	s, the above	L named corpo	oration submits this statement for the purp	pose of changin	
OF LOGISTOR	ed agent, or both, in the State of Florida. n, and accept the obligations of, Section	. OUGT CHANGE WAS AUTHOUR	d by the corp	oration's boa	and of directors. Thereby accept the appo	intment as regi	stered agent. I am
	if a le and opin the designation to on crootion	, as tesos, Honor Statutes.					
CICKIATUIDE							
SIGNATURE	Signature, typied or printed name of registered agent and	t (NO) slice if a policeble (NO)	E: Rogistered Age	1 signature require	6d when renstating)	DATE	
	Signature, typied or priviled native of registered against and OFFICERS AND I		E: Registered Age	1 signature require	ed when reinstating: ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12
S	OFFICERS AND D			1 signature require			
12.	D OFFICERS AND E GARNETT, WILLIAM J III	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIR	nange Addition
12. TITLE	D GARNETT, WILLIAM J III 4501 TAMIAMI TRAIL NORTH, S	DIRECTORS	13. 1. 1 TITLE			CERS AND DIR	nange Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNETT, WILLIAM J III 4501 TAMIAMI TRAIL NORTH, S NAPLES FL 33940	DIRECTORS .	13. 1. 1 TITLE 1.2 NAME	ADDRESS 6	additions/changes to office	CERS AND DIR	nange 🗌 Addition
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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 chapter 6, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 Date

Daytinie Phone 4

382E034 (12/95)