SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P95000066659 (0)**

1. Corporation Name
H & C DEVELOPMENT CORP.

Principal Place of Business
150 BRANDY HILL DR
PORT ORANGE FL 32119

Mailing Address
150 BRANDY HILL DR
PORT ORANGE FL 32119

3. Date Incorporated or Qualified: **08/28/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 5471 N. DIXIE HWY
22 Suite, Apt. #, etc.
23 City & State: BOCA RATON FL
24 Zip: 33487
25 Country: USA

2a. Mailing Address
26 5471 N. DIXIE HWY
27 Suite, Apt. #, etc.
28 City & State: BOCA RATON, FL
29 Zip: 33487
30 Country: USA

4. FEI Number: 59-3335572 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
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**
HIRSH, ROBERT G
150 BRANDY HILL DR
PORT ORANGE FL 32119

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
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required if original filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HIRSH, ROBERT G	
STREET ADDRESS	150 ~~BRANDY HILL DR~~	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	D	☐ DELETE
NAME	CAMBRIA, CHARLES C	
STREET ADDRESS	436 MORNING GLORY DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME	HIRSH, ROBERT	
1.3 STREET ADDRESS	5540 PACIFIC BLVD #305	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Hirsh ROBERT HIRSH 6/17/96 407 9958790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #