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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90107 010 ***150.00

H&RIN	NVESTMENT GROUP, INC.							
Principal Place	e of Business	Mailing Address				i fanifan ing ikini diliti datir galit kalil	. BESSE SERBE SERSE SE	ABL BLIAE 1841 (82)
222 SHANNON AVENUE 222 SHANNON AVENUE								
WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
İ						09/15/1995		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3355072		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		Additional Required
City & State	e	City & State			_	6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current ye		VL.
24	25	29 3	10			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent		04	Alomo	10. Name and Address of New Regist	ered Agent	
DAV	IC AADON		13	B1	Name			}
DAVIS, AARON 222 SHANNON AVENUE				82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
WEST MELBOURNE FL 32904			1	83				
1720	THEEDOOMINE TE GEGOT		1	"				
			1	84	City		FL 85 Zi	ip Code
44 Businet	to the provisions of Sections 607.0500	and 607 1508 Florida Statutes	the abr	0)/0-	named corno	oration submits this statement for the purpo	se of changing	its registered
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	nt Florida. Such change was aut	norized i	DV III	ne corporation	n's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE. 8	Registered A	gent s	signature required	when reinstating) DA		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE	1.1 TITL	E.			☐ Chang	je 🗌 Addition
NAME	DAVIS, AARON		1.2 NAM	Œ				ļ
STREET ADDRESS	222 SHANNON AVENUE		1.3 STR	EETA	DDRESS			
CITY-ST-ZIP	WEST MELBOURNE FL 32904		1.4 CITY		ZIP			The Autoria
TITLE	D	☐ DELETE	2.1 TITL	Æ			Chang	ge Addition
NAME	DAVIS, ANDRE		2.2 NAM	Œ	1			
STREET ADDRESS	928 W. MISTLETOE STREET		2.3 STR	EETA	LODRESS			
CITY-ST-ZIP			2. 4 CIT		ZIP			e Addition
TITLE	D	☐ DELETE	3.1 TITLE				Chang	ie Naginou
NAME	FIORELLI, GAIL		3.2 NAME					
STREET ADDRESS	928 W. MISTLETOE STREET				DDRESS			1
CITY-ST-ZIP	SAN ANTONIO TX 78201			Y-ST-	ZIP		Chang	pe ☐ Addition
TITLE		€ DELETE	4.1 TITLE 4. 2 NAME					,, ,aaon
NAME			1		DOBESS			
STREET ADDRESS					DDRESS			ĺ
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL		ZIP'		☐ Chang	ge
TITLE		[Dest.c	5.2 NAM					
NAME etneet annoeses	}		1		ADDRESS			Į.
STREET ADDRESS			5.4 CITY					
CITY-ST-ZIP		☐ DÉLETE	6.1 TITL				☐ Chang	ge Addition
NAME		_	6.2 NAM	4E			·	ĺ
CTDEET ADDRESS			6.3 STR	EETA	ADDRESS			\

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(407)727-1588