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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000096977 (0)

1. Corporation Name
HLOGPX, INC.



Principal Place of Business

Mailing Address

1800 GLADES RD
SUITE 260
BOCA RATON 33 431

1800 GLADES RD
SUITE 260
BOCA RATON 33 431

3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 33 SE 4th Street

26 33 SE 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

24 33432

25 PALM BEACH

29 33432

30 PALM BEACH

9. Name and Address of Current Registered Agent

HALVORSEN, JEFFREY T.
1900 GLADES ROAD
SUITE 260
BOCA RATON FL 33431

4. FEI Number
APPLIED FOR

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

33 SE 4th Street

83 Suite 100

84 Boca Raton

FL

85 Zip Code
33432

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME HALVORSEN, JEFFREY
STREET ADDRESS 1900 GLADES RD SUITE 260
CITY - ST - ZIP BOCA RATON 33 431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 33 SE 4th Street, Ste 100
1.4 CITY - ST - ZIP Boca Raton, FL 33432

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeffrey T. Halvorsen

4/15/97

Date

561-367-9200

Daytime Phone #

0630238

CR2E034 (9/96)