

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000015653 (4)

1. Corporation Name
HCAMPX, INC.



Principal Place of Business

1900 GLADES ROAD
SUITE 260
BOCA RATON FL 33431

Mailing Address

1900 GLADES ROAD
SUITE 260
BOCA RATON FL 33431-7333

2. Principal Place of Business

21 33 S.E. 4th Street

Suite, Apt. #, etc.

22 Suite 100

City & State

23 BOCA RATON, FL.

Zip

24 33432

Country

25 FLAIDA BEACH

2a. Mailing Address

26 33 SE 4th Street

Suite, Apt. #, etc.

27 Suite 100

City & State

28 BOCA RATON, FL.

Zip

29 33432

Country

30 BALM BEACH

3. Date Incorporated or Qualified

02/20/1996

3a. Date of Last Report

4. FEI Number

05-0657703

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

Jeffrey T. HALVORSEN

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

33 SE 4th Street

83

Suite 100

84

City 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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
HALVORSEN, JEFFREY T
STREET ADDRESS 1900 GLADES ROAD, #260
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
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, changed, or on an attachment with an address.

SIGNATURE Jeffrey T. Halvorsen

4/15/97

5761-3679200

CR2E034 (9/96)