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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023797

HDC ENTERPRISES, INC.

Principal Place of Business Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90014 041 ***150.00



2432 EAST SEMINOLE BLVD		POST OFFICE BOX 15110					
APOPKA FL 327 US	DAYTONA BEACH FL 32115	INA BEACH FL 32115		DO NOT WRITE IN THIS SPACE			
US .					3. Date Incorporated or Qualifed		
					03/15/1996		
2 Oringinal D	lace of Business	2a. Mailing Address				lied For	
⊢ '	lace of Business		Walling Mooress		1 11	Applicable	
21	<u></u>	26			30 000 r L		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing \$5.00 M	lav Bo	
23	•	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip Cou		Country	Country 8. This corporation owes the current year Intangible			
24	25	29 3	0		Personal Property Tax. Yes No		
9. Name and Address of Current Registered Agent			·	10. Name and Address of New Registered Agent			
			81	Name		1	
ROST, SCOTT R							
228 PARK AVE N			82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE B WINTER PARK FL 32789			83				
AAIIAI	ER PARK FL 32/09		84	City	FI 85 Zip Co	ode	
44 5			46		d corporation submits this statement for the purpose of changing its re	enistered	
office or r	egistered agent, or both, in the State c	f Florida. Such change was aut	honzed by	the corpo	corporation's got first this statement for the purpose of changing its re- poration's board of directors. I hereby accept the appointment as regi	stered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
0.0	Signature, typed or printed name of registered agent		tegistered Age	nt signature re	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	D	☐ DELETE	1.† TITLE		BVB 1 Change	Addition	
NAME	EDWARDS, HOWARD KEAY		1.2 NAME	-	Edwards Howard Keay		
STREET ADDRESS	2827 BALLARD AVENUE		1.3 STREE	TADDRESS	2827 Bolland Avenue		
CITY-ST-ZIP	ORLANDO FL 32833-4037		1.4 CITY-5	iT-ZIP	Octumbo, FL 32833-4037		
TITLE		☐ DELETE	2.1 TITLE		☐ Change	ddition	
NAME			2.2 NAME		Edwards Carel A.		
			1	TADDRESS	2427 Ralland Avenue		
STREET ADDRESS					Orlando, FL 32833-4037	-	
CITY-ST-ZIP		DELETE	2.4 CITY-	\$1-ZIP	Change	Addition	
TITLE		C) DELETE	3.1 TITLE		Change		
NAME			3.2 NAME				
STREET ADDRESS			33 STREE	TADDRESS	· <u> </u>		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME			ĺ	
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1	☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADORESS			6.3 STREE	TADDRESS	:		
STREET ALLONEOS.			6.4 CITY-S	I			
CITY-ST-ZIP			0.4 0(1140				

CITY-ST-ZIP 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.

SIGNATURI