SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE ' Sandrå B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000068357 (8)

H & D EQUITIES, INC.

FILED

97 AUG 18 PH 12: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Pr | in cipa l Plac | e of Business | 3 | Mai | Mailing Address | | | | I ESPECIONE SIN FAILE BIIII SECTI OPIII BRIST DELIT PRIST I BIIST III SE ZIIII INDII 1001 | | |
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| | 9633 W BROWARD BLVD STE ONE | | | 963 | 9633 W BROWARD BLVD STE ONE | | | | · | | |
| P | LANTATION (| FL 33 324 | | | PLANTATION FL 33324 | | | | DO NOT HOUSE IN THIS SOLOE | | |
| | | | | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report | | |
| ł | | | | | | | | | 08/16/1996 | | |
| 2. | Principal P | lace of Busin | ess | 2a. | Mailing Address | \ | | | 4. FEI Number Applied For | | |
| 21 | , | | | 26 | - | | | | 65-0688 767 Not Applicable | | |
| Г | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | SQ 75 Additional | | |
| 22 | 22 | | | 27 | | | | | Certificate of Status Desired Fee Required | | |
| Ļ., | City & State | | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | 1 | | | 28] | | | | | Trust Fund Contribution Added to Fees | | |
| 24 | Zip Country | | | | Zip Country | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | |
| 24 25 29 3 9. Name and Address of Current Registered Agent | | | | | | 30 | 10. Name and Address of New Registered Agent | | | | |
| | CO | HEN, HOW | | | | | 81 | Name | | | |
| ł | | | ARD BLVD STE ON | F | | | - | Di-ant A-d | Harris (D.O. David Landard Mark Association) | | |
| | | INTATION F | | · - | | | 82 | Street Adi | Idress (P.O. Box Number is Not Acceptable) | | |
| 1 | | | | | | | 83 | | | | |
| | | | | | | | 84 | City | 85 Zip Code | | |
| | | | | | | | . 54 | ' FL " ' | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes | | | | | | tatutes, the a | he above-named corporation submits this statement for the purpose of changing its registered | | | | |
| 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 reoffice 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 regarded agent. I am familiar with, and accopt the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | ration's board of directors, Thereby accept the appointment as registered | | |
| S | SIGNATURE (LUUI //) | | | | | | | | 7-17 97 | | |
| Signature, typed or printed home of registered agent and title II applicable. (NOTE: 12. OFFICERS AND DIRECTORS | | | | | | | d Age | nt signature req | quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| | LE | ores | Secret (| (26.3 × 40) | DELETE | 13. | [] E | | Change Addition | | |
| l . | ME : | Howard | M COMENT | c. vigo = | | 1.2 N | | | <u></u> | | |
| | | | 6.00C | 13 STI | | | ADDRESS | | | | |
| cn | CITY-ST-ZIP PLONICE COST TE | | | 130 8 | 33324 140 | | | 1 - 21P | | | |
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| N.A | NAME | | | , 2 | | | 2.2 NAME | | | | |
| ST | REET ADDRESS | EET ADDRESS -ST-ZIP | | | | 2.3 \$1 | REET | address | | | |
| _ | CITY-ST-ZIP | | | | | | | ST - ZIP | | | |
| TITLE NAME | | | | ☐ DELETE 3.1 TI | | | . 2 | ☐ Change ☐ Addition | | | |
| 1 | · 1 | | | | | 3.2 N/ | | ADDDECO | | | |
| l . | reet adoress | | | | | 1 | | ADDRESS ST-ZIP | | | |
| CHY-SI-ZIP TITLE | | | · | DELETE 4.1 11 | | | SI+ZIP | 7000022721766-1-466 | | | |
| ľ | ME | | | | | 4. 2 N | | | 700002272 17 ***-13***** -08/20/9701053020 | | |
| STREET ADDRESS | | | | | | | 4.3 STREET AODRESS | | ****165.00 ****165.00 | | |
| CITY ST-ZIP | | | | | | 4.4 CITY - S1 - ZIP | | | | | |
| TITLE | | | | DELETE 5.1 TIT | | | | Change Addition | | | |
| NAME | | | | | 5.2 N | | ME | | | | |
| SYREET ADDRESS | | | | | | 538 | | ADDRESS | 11/ VI | | |
| CII | TY - \$T - ZIP | | | | | | 5.4 CITY-ST-ZIP | | 8 10 | | |
| TITLE | | | DELETE 6.1 | | | ILE | | ☐ Change ☐ Addition | | | |
| NA | ME | | | | | 6.2 NA | ME | | | | |
| \$T | REET ADORESS | | | | | 6.3 \$1 | REE1 | ADDRESS | | | |
| | TY-ST-ZIP | au aostis. st | the information accord | in at with at-1 | Clina dans set | | | T-ZIP | and in Cooling 110 07/2/6). Florida Clabitae I further partity that the | | |

1 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 13 if changed, or on an attachment with an address.

954 472 3755

HAD EQUITIES INC 2012 9633 WBROW BLUD. SUITE ONC PLANTATION TO 33324

PANNUAL ROPORTS

POBOX 6327

TALLAHASEE, TO 32314.

PEAR ANNUAL ROPORTS:

PLEASE RE NOVISED THAT I JUST RECEIVED
THE COPY OF THE 1997 PROFIT COKROCITION
ANDYAL REPORT PACKET, STAMPED "SECOND
NOTICE" THORY YOU WILL PLEASE UNDERSTAND
ITHAT I NEVER RECOIVED THE FIRST NOTICE,
WHEN I RECOIVED AN MONDER PROFIT
I HAVE DEJOT BEEN LATE.
I HAVE DEJOT BEEN LATE.

ACCEPT THE IMPLICATION NONCOCC,

Hours truly

Hours truly

Hours truly

Coron

Coron