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 # P97000015210

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90104 012 ***150.00

HDH VEI	NDING, INC.							
Principal Place	of Business	Mailing Address		.		ioi o ili io il ad i il		
3152 FLORAL WAY EAST APOPKA FL 32703 APOPKA FL 32703			AST		DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualifed			
		l o - Maillian Addana			02/13/1997 4. FEI Number 59 24/28/28/2	App	lied For	
1	lace of Business	2a. Mailing Address			27-37A-10-	Not	Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$8.75 A		
22		27			5. Certificate of Status Desired	Fee Rec		_==
City & State		City & State			6. Election Campaign Financing	\$5.00 N	/lay Be	_
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip		untry	8. This corporation owes the current year Intai	ngible	No	
24	25		30		1 Crochart Topolity Fam.		MNO	
	9. Name and Address of Current	t Registered Agent		81 Name	10. Name and Address of New Registered A	gent		
MAL	ONE, WILLIAM C IV							
827 MENENDEZ CT. ORLANDO FL 32801				82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
				83				
							-	
				84 City	FL	85 Zip C	ode	
office or r	egistered agent, or both, in the State on mailiar with, and accept the obligate	of Florida. Such change of ions of, Section 607.050	was authorize 5, Florida Sta	d by the corporatutes.	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	ment as reg	istered	
40	Signature, typed or printed name of registered agen OFFICERS AN		(NOTE: Registere		uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	é
12. TITLE	D OFFICERS AN	D DIRECTORS		TILE	ADDITIONA/GIVAGEO TO GITTIOE/10 / 414	Change	Addition	Ť
NAME	ROSENBLUM, HOWARD M			IAME				3
STREET ADDRESS	3152 FLORAL WAY EAST		1	TREET ADDRESS				Č
CITY-ST-ZIP	APOPKA FL 32703			CITY-ST-ZIP				5
TITLE	D	☐ DELE		TITLE		Change	Addition	Č
NAME	ROSENBLUM, DEBORAH K		2.21	IAME				
STREET ADDRESS	3152 FLORAL WAY EAST		2.3 5	TREET ADDRESS				
_CITY-ST-ZIP	APOPKA FL 32703		.2.4	CITY-ST-ZIP		~		
TITLE		☐ DELE	TE 3.11	TILE		Change	☐ Addition	
NAME			3.21	IAME				
STREET ADDRESS	•		3.3 \$	STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP			☐ Addition	
TITLE		☐ DELE		TTLE		☐ Change	☐ Addition	
NAME				NAME				
STREET ADDRESS			1	STREET ADDRESS				
City-St-ZIP	<u> </u>	DELE		CITY-ST-ZIP		Change	Addition	
TITLE	Į		0.1	MRE				
*****			521	NAME		Can Orlaingo		
NAME				NAME STREET ADDRESS		LL Crisings		
STREET ADDRESS			5.3 \$					
STREET ADDRESS CITY-ST-ZIP			5.3 S 5.4 C	STREET ADDRESS		Change	Addition	
STREET AODRESS CITY-ST-ZIP TITLE		DELE	5.3 S 5.4 C TE 6.1 T	STREET ADDRESS CITY+ST+ZIP			Addition	
STREET ADDRESS CITY-ST-ZIP		DELE	5.3 s 5.4 0 TE 6.11 6.21	STREET ADDRESS CITY+ST-ZIP			Addition	

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 eceiver 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 or an attachment with an address, with all other like empowered.

SIGNATURE: