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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

CITY-ST-ZIP

P97000034548 (2)

HQZ HOLDINGS, INC.

Principal Place	of Business	Mailing Address			igite mundu minit mindt fogt tomt
139 SUNRISE AVENUE		139 SUNRISE AVENUE			
SUITE 109		SUITE 109		DO NOT WRITE IN THIS SPACE	
PALM BEACH FL		PALM BEACH FL		3. Date Incorporated or Qualified	
				04/17/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Sunrise Avenue	26 139 Sunrise 1	Avenue	65-0745140	Not Applicable
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22分化10		27 Suite 102		S. Cartificate of States Source	Fee Required
City & State	^ .	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Polen		28 Palm Beau	<b>Ch</b> Country	Trust Fund Contribution	Added to Fees
Zip 334	Country	<sup>Zip</sup> 38480 3	COUNTRY	<ol><li>This corporation owes or has paid the of Personal Property Tax due June 30.</li></ol>	current year intangible  Yes No
24 004	9 Name and Address of Current	<u> </u>	50]	10. Name and Address of New Registere	
91 Nomo					
STEWART, JAMES M ESQ 1211 THE PLAZA			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
SINGER ISLAND FL 33404			62 Street Addi	ress (P.O. Box Nomber is Not Acceptable)	
SHY	IGEN ISDAND I'C SSAVA		83		
			84 City		85 Zip Code
			1 1 "	F	L   `   `
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	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature requir		ND DIDECTORO IN 40
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	D DATE OF THE PARTY THE PA	בַן טבננונ	1.2 NAME		
NAME	BALDWIN, NANCY FUSCO		1.3 STREET ADDRESS		
STREET ADDRESS	139 SUNRISE AVE, APT 109		4		
CITY-ST-ZIP TITLE	PALM BEACH FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
Į.			2.2 NAME		
NAME Street address			2.3 STREET ADDRESS		
			2. 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		:
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

1.18 00

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.

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