

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90036 049 ***150.00

DOCUMENT # P97000075847 ✓

1. Corporation Name

D.H.V., Inc.

Principal Place of Business

1925 South Flagler
West Palm Beach, FL 33401

Mailing Address

2875 South Ocean Blvd.
Suite 216
Palm Beach, FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/2/97

2. Principal Place of Business

21 1925 South Flagler
Suite, Apt. #, etc.

2a. Mailing Address

26 2875 South Ocean Blvd.
Suite, Apt. #, etc.

4. FEI Number

65-0792410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

Cathyrine M. Hilgendorf
119 East Ocean Avenue
Lantana, FL 33462

10. Name and Address of New Registered Agent

81 Name

Cathyrine M. Hilgendorf

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

2875 South Ocean Blvd., Suite 216

83

84 City

Palm Beach

FL

85 Zip Code

33480

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

Cathyrine M. Hilgendorf

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME Eliza Jouve
STREET ADDRESS 1925 South Flagler Drive
CITY-ST-ZIP West Palm Beach, FL 33401

☐ DELETE

TITLE VP
NAME Cathyrine M. Hilgendorf
STREET ADDRESS 119 East Ocean Avenue
CITY-ST-ZIP Lantana, FL 33462

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP Cathyrine M. Hilgendorf ☒ Change ☐ Addition

2.2 NAME 2875 South Ocean Boulevard

2.3 STREET ADDRESS Suite 216

2.4 CITY-ST-ZIP Palm Beach, FL 33480

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

[Signature] President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

1-561-510-3990

Daytime Phone #

CR2E034 (11/98)