1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082765

1. Corporation Name

H. D. ENTERPRISES, INC.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90093 005 ***150.00



Principal Place	e of Business	Mailing Address					
6820 TOWN HARBOR BLVD. #3614 6820 TOWN HARBOR BLVD.		#3614					
BOCA RATON F	FL 33433	BOCA RATON FL 33433		DO NO.	WRITE IN THIS	SPACE	
				3. Date Incorporated or Qu			
1 .		عاد ۱۰		09/24/1997		_	_
2 Principal D	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number		- Ar	plied For
21 276	D W. Atlantic Blud		tantic Blu			<u> </u>	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	,, <u>, , , , , , , , , , , , , , , , , ,</u>	5. Certificate of Status Des	red 🗆		Additional
22		27		5. Certificate of Status des		Fee Re	
City & State	e 0 . C	Gity & State Q	ich FL	6. Election Campaign Fina	ncing 🔲		May Be
23 tompa	no Deach FC	28 rompano Dec	Country	Trust Fund Contribution	a current year Int	Added	rees
zip 24 3306	·	29 33069 30	¬ 11	8. This corporation owes the Personal Property Tax.	ie current year nit	Yes	No
24 3306	9. Name and Address of Current		1 110 4000	10. Name and Address of	New Registered	Agent	
	g, Name and Address of Content	regionared rigoni	81 Name				
PERE	ez, hector		22 2	Addison (D.O. Day Murch as in blad 6	acentable)		
6820	TOWN HARBOR BLVD. #3614		82 Street	Address (P.O. Box Number is Not A	(Ceptable)		
BOC	A RATON FL 33433		83	•			
	•		84 City			85 Zip	Code
					<u>FL</u>		
	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, f Florida, Such change was auth	norized by the corpo	corporation submits this statement in pration's board of directors. I hereby	or the purpose of accept the appoi	ntment as re	gistered
office or r	registered agent, or both, in the State of	of Carting CO7 0505 Florid	a Statuton				
office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutés.				
office or r agent. I a SIGNATURE	registered agent, or both, in the State of	ons of, Section 607.0505, Florida	a Statutés. ogistered Agent signature r	equired when réinstating)	DATE		
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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 attachnien with an address, with all other like empowered.

SIGNATURE: