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

**PROFIT** CORPORATION **ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000083779 (3) DOCUMENT #

HS ENTERPRISES GROUP, INC.

## **FILED** May 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
2800 NORTHWEST 55 COURT 2800 NORTHWEST 55 C							
FORT LAUDERDALE FL 33309		FORT LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					09/29/1997		
2. Principal Pla	ace of Business	2a. Mailing Address			4 FELNumber	Ar	oplied For
21	<i>&gt;24 me</i> 26 5				65.078 442	6 No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 <i>/</i>	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State		City & State	City & State		6. Election Campaign Financing	panel	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	7 <sub>1</sub> p	Country		8. This corporation owes or has pa		
24	25 29		80]	Personal Property Tax due June 30.  Yes L  10. Name and Address of New Registered Agent		_ No	
9. Name and Advances of Control (1997)							
AMERILAWYER CHARTERED						nez	
343 ALMERIA AVENUE			٤	Street Ag	Idress (P.O. Box Number is Not Acceptab	と、のち	
COI	RAL GABLES FL 33134		-	3 0	(BUB N.W S	<u> </u>	
			`	"	- O		
			E	4 94	et Dandondolo	85 Zip	Code G
	7	O LOOK ACOD Flexide Contract		Y 0	orporation submits this statement for the p	urnose of changing i	te registered
office or re	poletored agent, or both, in the State	⊫of Florida. Such change was au	ithorized.	by the corpo	ration's board of directors. Thereby accep	of the appointment as	registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typoid or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) DATE							
12.		ID DIRECTORS	13.	sgent signature to	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	3S IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	044/01/27 1/11/04		1.2 NAN	KE			
STREET ADDRESS 2800 NORTHWEST 55 COURT		श		EET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 3330		1.4 CITY - ST - ZIP				
TITLE		DELETE	2.1 TITL			Change	Addition
NAME			2.2 NAN	16.			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 1fTLF			☐ Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE	DELETE		4.1 TITLE		· ————	☐ Change	☐ Addition
NAME			4. 2 NAI	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY - ST - ZIP			4.4 CIT	/ - \$1 - ZIP		<b></b>	
TITLE	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAM	AE.			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5 4 CIT	(-ST-ZIP			
TITLE		☐ DELETE	61 1(f)	E		☐ Change	Addition
NAME			62 NA	AE.			
STREET ADDRESS			63 STR	EET ADDRESS			
CITY-\$1-ZIP			6 4 CIT	Y-ST-ZIP			
اممامما اسما	mentalistic encountries excepted an encountries of	lal accural coront ic true and accu	irate and	that my sign	in Section 119.07(3)(i), Florida Statutes. I	r miaoo iinder oaui: iri	naisaman i
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 eath; 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.							