

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90182 032 ***150.00

DOCUMENT # P97000099818

1. Corporation Name

HAMILTON LLOYD INVESTMENTS CORP.

Principal Place of Business

1515 N FEDERAL HIGHWAY
SUITE 315
BOCA RATON FL 33432

Mailing Address

1515 N FEDERAL HIGHWAY
SUITE 315
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

65-0798664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2400 E Commercial Blvd

Suite, Apt. #, etc.

22 Suite 211

City & State

23 Ft Lauderdale FL

Zip

24 33308

Country

25 USA

2a. Mailing Address

26 2400 E Commercial Blvd

Suite, Apt. #, etc.

27 Suite 211

City & State

28 Ft Lauderdale FL

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

ARIOLI, EDWARD D
1515 N FEDERAL HIGHWAY
SUITE 315
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME ARIOLI, EDWARD D
STREET ADDRESS 1515 N FEDERAL HIGHWAY STE 315
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ DELETE

NAME FARNSWORTH, THEODORE J
STREET ADDRESS 1515 N FEDERAL HIGHWAY STE 315
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2400 E Commercial Blvd Suite 211

1.4 CITY-ST-ZIP Ft Lauderdale FL 33308

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2400 E Commercial Blvd Suite 211

2.4 CITY-ST-ZIP Ft Lauderdale FL 33308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

954-776-4281

Date

Daytime Phone #

CR2E034 (11/98)