

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90111 005 ***150.00

DOCUMENT # P98000043084

1. Corporation Name

HUDSON CAPITAL GROUP, INC.

Principal Place of Business

1402 EAST LAS OLAS BOULEVARD, SUITE 1092
FORT LAUDERDALE FL 33301

Mailing Address

1402 EAST LAS OLAS BOULEVARD, SUITE 1092
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

65-0851243

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 1080 SE 3RD AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 1080 SE 3RD AVE

Suite, Apt. #, etc.

23 City & State

FT LAUDERDALE, FL

28 City & State

FT LAUDERDALE, FL

24 Zip

33316

25 Country

USA

29 Zip

33316

30 Country

USA

9. Name and Address of Current Registered Agent

WRIGHT, PETER

1402 EAST LAS OLAS BOULEVARD, SUITE 1092

FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

1080 SE 3RD AVE

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33316

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HUDSON, STEVEN W
STREET ADDRESS 1402 EAST LAS OLAS BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☐ DELETE

NAME HUDSON, HARRIS W
STREET ADDRESS 1402 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☐ DELETE

NAME WRIGHT, PETER
STREET ADDRESS 1402 EAST LAS OLAS BOULEVARD
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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 1080 SE 3RD AVE
1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33316

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1080 SE 3RD AVE
2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33316

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 1080 SE 3RD AVE
3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33316

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNED PETER WRIGHT 2/1/99 954-356-5802

CR2E034 (1/98)