

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90163 030 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # S21380**

1. Corporation Name  
**H & N SERVICES, INC.**

Principal Place of Business  
**625 S. RAINBOW DRIVE**  
**HOLLYWOOD FL 33021**  
**US**

Mailing Address  
**16100 N.E. 16TH AVENUE**  
**C/O HMPD, SUITE 8**  
**NORTH MIAMI BEACH FL 33162**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>941 S PARK RD</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>12/28/1990</b>	4. FEI Number <b>65-0237078</b>	Applied For No: Applicable
Suite, Apt. #, etc. 22 <b>205</b>	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State 23 <b>Hollywood FL</b>	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip 24 <b>33021</b>	Country 25 <b>BROWARD</b>	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**NUCCITELLI, JUDITH A**  
**625 S. RAINBOW DRIVE**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	<b>941 S PARK RD</b>	<b>#205</b>	<b>Hollywood FL</b>	<b>33021</b>

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. (NONE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NUCCITELLI, JUDITH A</b>		1.2 NAME	
STREET ADDRESS <b>625 S. RAINBOW DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOBBS, HOWARD M</b>		2.2 NAME	
STREET ADDRESS <b>860 N.W. 86TH AVE. #606</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PLANTATION FL 33324</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Judith A. Nuccitelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/99*  
Date

*954-684-0904*  
Daytime Phone #

CR2E034 (11/98)