

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S30472** (2)

1. Corporation Name

HQ ROCKY POINT, INC.



Principal Place of Business

Mailing Address

**1600 GOLF ROAD
SUITE 1200
ROLLING MEADOWS IL 60008**

**1600 GOLF ROAD
SUITE 1200
ROLLING MEADOWS IL 60008**

3. Date Incorporated or Qualified
02/08/1991

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **3001 No Rocky Point Dr E**

Suite, Apt #, etc.

22 **2nd Floor**

City & State

23 **Tampa FL**

Zip

24 **33607**

Country

25

Suite, Apt #, etc.

City & State

Zip

29

Country

30

4. FEI Number

36-3748902

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REIZBURG, ANNETTE
2255 GLADES RD., SUITE 324A
BOCA RATON FL 33431**

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 607.1506, 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 the corporation

(NOTE: Registered Agent Signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **WHITEHOUSE, RONALD R.**
STREET ADDRESS **1600 GOLF RD., STE. 1200**
CITY-STATE-ZIP **ROLLING MEADOWS IL**

TITLE **D** ☐ DELETE
NAME **REIZBURG, ANNETTE**
STREET ADDRESS **1600 GOLF RD., STE. 1200**
CITY-STATE-ZIP **ROLLING MEADOWS IL**

TITLE **D** ☒ DELETE
NAME **WARREN, SALLY**
STREET ADDRESS **1600 GOLF RD., STE. 1200**
CITY-STATE-ZIP **ROLLING MEADOWS IL**

TITLE **CFO** ☐ DELETE
NAME **KERL, DONALD**
STREET ADDRESS **1600 GOLF RD S1200**
CITY-STATE-ZIP **ROLLING MEADOWS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this address.

SIGNATURE:

Donald R Kerl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

(847) 981-5001
Daytime Phone

CR2E034 (12/95)