

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
HARRIS B. McIVER
GOVERNOR

DOCUMENT # S41868

(8)

1. Corporation Name

HHH FINANCIAL CORPORATION

2. Principal Office Address

1160 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

3. Mailing Address

1160 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

2. Director Name (Required)

21

State App. No.

22

City & State

23

Zip

24

9. Name and Address of Current Registered Agent

HAHAMOVITCH, HARRY
1160 SO. ROGERS CIR
BOCA RATON FL 33487

2a. Mailing Address

26

State App. No.

27

City & State

28

Zip

29

Country

30

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

3. Date of Incorporation (Required)

03/27/1991

3a. Date of Last Report

05/01/1994

4. F.I. Number

65-0255695

Applied For

Not Applicable

5. Certificate of State (Required)

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

☐

\$5.00 May Be
Added to Fees

7. Have you ever been subject to a judgment or order of the Florida
Judicial System? ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box Number or Post Office

83. City

84. State

FL

85. Zip Code

SIGNATURE

12. Director Name (Required)

13. Director Name (Required)

14. Director Name (Required)

15. Director Name (Required)

16. Director Name (Required)

17. Director Name (Required)

18. Director Name (Required)

19. Director Name (Required)

20. Director Name (Required)

21. Director Name (Required)

22. Director Name (Required)

23. Director Name (Required)

24. Director Name (Required)

25. Director Name (Required)

26. Director Name (Required)

27. Director Name (Required)

28. Director Name (Required)

29. Director Name (Required)

30. Director Name (Required)

31. Director Name (Required)

32. Director Name (Required)

33. Director Name (Required)

34. Director Name (Required)

35. Director Name (Required)

36. Director Name (Required)

37. Director Name (Required)

38. Director Name (Required)

39. Director Name (Required)

40. Director Name (Required)

41. Director Name (Required)

42. Director Name (Required)

43. Director Name (Required)

44. Director Name (Required)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY HAHAMOVITCH

4-24-95

407-994-2233