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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

V15418

(9)

H.D.I. ENTERPRISE, INC.

Principal Place of Business	Mailing Address
12420 S.W. 1ST COURT	12420 S.W. 1ST COURT
PLANTATION FL 33325	PLANTATION FL 33325



PLANTATION F	L 33325	PLANTATION FL 33325							
						3. Date Incorporated or Qualified 02/20/1992	3a. Date	of Last R <b>1/24/19</b>	
2. Principal Place	e of Business	2a, Mailing Address				4. FEI Number		L	Applied For
21	o or gasiness	26				65-0316252			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
22		City & State				6. Election Campaign Financing		\$5.0	O May Be
City & State		28				Trust Fund Contribution		Adde	d to Fees
<b>23</b> Zip	Country	Zip	Co	untry		8. This corporation has liability for	intangible ta	k under s	199.032,
24)	25	29	30				s 🖪 No		
24	9. Name and Address of Currer			T		10. Name and Address of New I	Registered /	gent	
	<u> </u>			81	Name				
DAWSON	I, RONALD D.			82	Ctroot Addr	ess (P.C. Box Number is Not Accepta	ble)		
12420 8	W. 1ST COURT			102	Street Addi	655 (1.0. 20. 11.			
DI ANTAT	10N FL 33325			83					
PUNNIA	ION TE GOOZO			84	City		FI	<b>85</b> 2	ip Code
						ration submits this statement for the pr		nging its	registered office
or registerer familiar with	d agent, or both, in the State of Floring and accept the obligations of, Sectionary typed or printed name of registered agent	tion 607.0505, Florida Statutes	i.	3 001	0.0.0.0	id when reir stating)	DATE		
12.		ID DIRECTORS	13	3.		ADDITIONS/CHANGES TO OF			
TILE	PD	☐ DELETE	1.	1 TITLE			(	□ Change	■ Addition
NAME	DAWSON, RONALD D.		1.2	NAME					
STREET ADDRESS	12420 S.W. 1ST COURT		1.3	STREE	T ADDRESS				
	PLANTATION FL		1,4	CITY-	ST-ZIP				
CITY-ST-ZIP TITLE	ST	DELETE		1 TITLE				Change	Addition
NAME	DAWSON, RONALD D.		2:	2 NAME					
STREET ADDRESS	12420 S.W. 1ST COURT		2.3	3 STREE	1 ADDRESS				
	PLANTATION FL		2	4 CITY -	ST - ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	3.	1 TITLE				Change	Addition
NAME			3	2 NAME					
STREET ADDRESS			3.	3 STRE	ET ADDRESS				
CITY-SI-ZIP	•		3.	4 CITY -	ST-ZIP				
TITLE		☐ DELETE	4.	1 TITLE				☐ Chang	Addition
NAME			4	2 NAME					
STREET ADDRESS			4	3 STREE	ET ADDRESS				
CITY-ST-ZIP			4	4 CITY	-ST - ZIP				- Talander
TITLE		☐ DELETE	5	. 1 1111.6	: ]			Chang	e
NAME			5	2 NAME					
STREET ADDRESS			5	3 STRE	ET ADDRESS				
CITY - ST - ZIP			5	4 CITY	- ST- ZIP			<del></del>	- Pill Audates
TITLE		☐ DELETE	6	1 TITL	£			☐ Chang	e 🗀 Addition
NAME			6	2 NAM	E				
STREET ADDRESS			ŧ	.3 STRE	ET ADDRESS				
CITY_SI.7IP			1 6	4 CITY	- ST-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 an address.

SIGNATURE:

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115/96 954-475-8