FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34221 (4)

1. Entity Name
HOODRIDGE INVESTMENTS, INC.

Principal Address
7400 RADICE CT
LAUDERHILL FL 33319

Mailing Address
HOODRIDGE INVESTMENTS, INC.
7400 RADICE CT., STE. 209
LAUDERHILL FL 33319
US

FOR OFFICE USE ONLY

3. Date Incorporated/Qualified: 05/04/1992
3a. Date of Last Report: 04/26/1994

2. Principal Address
21 6699 N.W. 60 WAY
22
23 PARKLAND, FL.
24 33067 25 BROWARD

4. FEI Number: 65-0346022 [ ] 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

7. Pursuant to Section 607.1505, Florida Statutes: [ ] Yes [ ] No

26 6699 N.W. 60 WAY
27
28 PARKLAND, FL
29 33067 30 BROWARD

9. Name and Address of Current Registered Agent

LEVIN, EILEEN
7400 RADICE CT
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6699 N.W. 60 WAY
83
84 City: PARKLAND FL 85 Zip Code: 33067

11. Pursuant to the provisions of Section 607.1505, Florida Statutes, the undersigned corporation submits the following statement in designating the registered office/registered agent, in the State of Florida. The undersigned corporation is qualified to do business in Florida and accepts the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

PTS
LEVIN, EILEEN
7400 RADICE CT., STE. 209
LAUDERHILL FL

VPM
LEVIN, JOSEPH,
7400 RADICE CT., STE. 209
LAUDERDALE FL 33319

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

[ ] Change [ ] Addition
6699 N.W. 60 WAY
PARKLAND, FL 33067

[ ] Change [ ] Addition
6699 N.W. 60 WAY
PARKLAND, FL 33067

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is true, accurate and complete as of the date of this report. I further certify that the information indicated on this 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 I am familiar with and authorized to sign the above report.

SIGNATURE: Eileen Levin EILEEN LEVIN 4/27/95 305 340 3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0220233 CP