

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 08 1998 8:00am  
 Secretary of State

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # V34221 (4)**

1. Corporation Name  
**HOODRIDGE INVESTMENTS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>6699 NW 66TH WAY<br/>         PARKLAND FL 33067<br/>         US</b> | Mailing Address<br><b>6699 NW 66TH WAY<br/>         PARKLAND FL 33067<br/>         US</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/04/1992</b>   |  |
| 4. FEI Number<br><b>65-0346022</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**LEVIN, EILEEN  
 6699 NW 66TH WAY  
 PARKLAND FL 33067**

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   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PTS</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEVIN, EILEEN</b>                       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>6699 NW 66TH WAY</b>                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PARKLAND FL</b>                         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VPM</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEVIN, JOSEPH,</b>                      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>6699 NW 66TH WAY</b>                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PARKLAND FL</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                                       |   |

100002583441  
 -07/08/98--01091--035  
 \*\*\*150.00

*Signature*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Eileen Levin* RECORDED 6/29/98 (954) 340-3300

CR2E034 (5/98)

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# HOODRIDGE

June 29, 1998

Department of State  
Annual Reports Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Hoodridge, Inc. - M76707  
Hoodridge Investments, Inc. - V34221  
Hoodridge International, Inc. - P97000064382

Gentlemen:

I am enclosing herewith checks drawn on each of the above-captioned corporations in the amount of \$150.00 as advised by your office.

Please be advised that the original Annual Report Forms were never received by us. The second requests were received in our 6/29/98 mail delivery.

Thank you.

Sincerely,

HOODRIDGE



Eileen W. Levin

Enclosures