

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90022 043 ***150.00

DOCUMENT # V54694

1. Corporation Name

HR STRATEGIES & SOLUTIONS, INC.

Principal Place of Business

8820 NW 30TH ST. #1
CORAL SPRINGS FL 33065

Mailing Address

8820 NW 30TH ST. #1
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1992

4. FEI Number

65-0348985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3416 Palladian Circle

Suite, Apt. #, etc.

22

23 Deerfield Bch

24 33442 25 Broward

26 3416 Palladian Circle

27 Suite, Apt. #, etc.

28 Deerfield Bch FL

29 33442 30 Broward

9. Name and Address of Current Registered Agent

HABEGGER, R.E.
8820 NW 30TH ST. #1
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

3416 Palladian Circle

83

84 City

Deerfield Bch

FL

85 Zip Code

33442

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HABEGGER, RICHARD E.

STREET ADDRESS 8820 NW 30TH ST. #1

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE V ☐ DELETE

NAME HABEGGER, LOUISE G.

STREET ADDRESS 8820 NW 30TH ST. #1

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Habegger Richard E.

1.3 STREET ADDRESS 3416 Palladian Circle

1.4 CITY-ST-ZIP Deerfield Bch FL 33442

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME Habegger Louise G.

2.3 STREET ADDRESS 3416 Palladian Circle

2.4 CITY-ST-ZIP Deerfield Bch FL 33442

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: R.E. Habegger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/99 954-429-2723

CR2E034 (1/98)