## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

730270

(6)

HH	IHC	HISE	MANA	GEMENT	INC.
I III		/UUL	ITUNITO		. 1111.37

THE LT TO	OOL WANAGEMENT, MO.				
Principal Place	of Business	Mailing Address		L 100431 40000 FIRST ODING HOUR INDIA	1841 81811 81811 81814 61814 84811 81811 7881
601 W. OLD HWY #441 PO BOX 1429 MOUNT DORA FLORIDA 32757		601 W. OLD HWY #441 PO BOX 1429 MOUNT DORA FLORIDA 32757			
			•	3. Date Incorporated or Qualified 07/23/1974	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1677904	Applied For Not Applicable
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 30	Country	8. This corporation has liability for in	
	g, Name and Address of Curren		1	10. Name and Address of New Re	
		<del></del>	81 Name	RUTH ANDERSON	<del></del>
LAWSON	I, JOHN Q.		82 Street A	Address (P.O. Box Number is Not Acceptable	)
	JUD HWY 441 7B			601 W. OLD HWY.441	4 A
MT DOR	A FL 32757		83		
	•		84 City	MT. DORA	85 Zip Code 3.2.75.7
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes, th	ne above named co	rporation submits this statement for the purp	ose of changing its registered office
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	on_617.0503, Florida Statutes.	y the corporation's i	board of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE	Signature, typed or priviled name of registered agent	And the of applicable ERSO	gistered Agent signature re	Reith Cridero of	$\sim 6/4/96$
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	VD	DELETE	1 1 TITLE	PD DICHARDS DEVENIA	Change Addition
NAME	Lawson, John Q		1.2 NAME	RICHARDS, BEVERLY 601 W. OLD HWY. 44	1 9-B
STREET ADDRESS	601 W. OLD HWY. 411 7-B		13 STREET ADDRESS	MOUNT DORA, FL	T 9-D
CITY - ST - ZIP	MOUNT DORA FL	□ DEL ETE	1.4 CITY - ST - ZIP	<u>-</u>	Months Toldar
TITLE	TD	DELETE	2 1 TITLE	VD ANDERSON, RUTH	
NAMÉ	RICHARDS, BEVERLY G		2 2 NAMÉ	601 W. OLD HWY, 44	1 4-A
STREET ADDRESS	601 W OLD HWY 441 98		2 3 STREET ADDRESS	MOUNT DORA, FL	1 4-A
CITY-ST-ZIP TITLE	MOUNT DORA FL D	[T]DELETE	2 4 CITY - ST - ZIP 3 1 TITLE	SD	Change Addition
NAME	NATION, JAMES	Dettite	3 2 NAME		
STREET ADDRESS	601 W OLD HWY 441 1A		3 3 STREET ADDRESS	NATION, JAMES 601 W. OLD HWY.441	1-A
CITY-ST-ZIP	MOUNT DORA FL		3.4. CITY - ST - ZIP	MOUNT DORA, FL	
TITLE	SD	DELETE	4.1 THILE	TD	Change Addition
NAME	BONOLLO, GAY		4 2 NAME	ŠWAN, ESTHER	
STREET ADDRESS			4.3 STREET ADDRESS	601 W. OLD HWY. 44	1 8-B
CITY-ST-ZIP	MOUNT DORA FL		4.4 CITY - ST - ZIP	MOUNT DORA, FL	
TITLE	PD	DELETE	5.1 TITLE	D	K Change Addition
NAME	SUTLIFF, CARL		5 2 NAME	McCRACKEN, TRACY	
STREET ADDRESS	601 W. OLD HWY 441 2B		5.3 STREET ADDRESS	601 W. OLD HWY. 44	1 12-A
CITY-ST-ZIP	MOUNT DORA FL		5.4 CITY-ST-ZIP	MOUNT DORA, FL	
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	<b>50000186</b> -06/17/960101	39641 <i>7011</i>
STREET ADDRESS			63 STREET ADDRESS	-U6/17/96U10)	19-40TR/11 777
CITY - ST - ZIP			64 CITY - ST - ZIP	***61.25	0111

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE OF DE TYPED OF MAINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-14-96 352-735-4676
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