

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004343 (0)**

1. Corporation Name  
**HLA FLORIDA INVESTMENTS, INC.**



Principal Place of Business: **735 COLORADO AVE. SUITE 6 STUART FL 34994 US**  
Mailing Address: **735 COLORADO AVE. SUITE 6 STUART FL 34994 US**

3. Date Incorporated or Qualified: **09/24/1993**  
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

4. FEI Number: **86-0741159**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**Haisfield, Marc  
735 COLORADO AVE.  
SUITE 6  
STUART FL 34994**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signer Title (e.g., President, Secretary, Treasurer, etc.) \_\_\_\_\_  
Signer Full Name (Last, First, Middle Initial) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>Haisfield, Marc</b>	
STREET ADDRESS	<b>735 COLORADO AVE., STE. 6</b>	
CITY-STATE-ZIP	<b>STUART FL 34994</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>Haisfield, Audrey Lea</b>	
STREET ADDRESS	<b>6718 EAST SAN MIGUEL</b>	
CITY-STATE-ZIP	<b>PARADISE VALLEY AZ 85252</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	<b>DVPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Haisfield, Audrey Lea</b>	
23 STREET ADDRESS	<b>1135 West Main Street</b>	
24 CITY-STATE-ZIP	<b>Aspen, CO 81611</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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, with an attachment with an address.

SIGNATURE: **Marc Haisfield** **2/14/96** **407 287-2416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)