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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1998 8:00am

Secretary of State

1/20/90

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name # P9400083490 (0)														
	HOT H	20, INC.									 		6188 (1111 6 18)8	30 (1) 00 (L (00)
									 -					
Pr	Incipal Plac	e of Busines	ss		Mailing Addre	DSS					LIABINABLIIR IRIII GIBN BRIN ARI	II W BEFI B BIBI I	6168 HIN 61616	10101 8211 1091
4375 ARROW AVE. 4375 ARROW AVE.														
5	ARASOTA F	L 34232			SARASOTA F	L 34232					DO NOT WE	RITE IN THI	S SPACE	
											3. Date Incorporated or Qualific	∍d		
											11/15/1994			
_	Principal P	lace of Busi	iness		2a. Mailing Address					4. FEI Number	, , , , , , , , , , , , , , , , , , , ,		Applied For	
21	Sulte, Apt. #, etc.				26						65-0537312			Not Applicable
22					Suite, Apt. #, etc.						5. Certificate of Status Desired		T	Additional Regulred
22	City & State				City & State						6 Floation Compaign Financia	~		<u>.</u>
23	<i>-</i>			21	28						Election Campaign Financing Trust Fund Contribution	" []		O May Be d to Fees
==1	Zip		Country		Zip		Cour	ntry			8. This corporation owes or has	paid the c		
24			25	29)		30				Personal Property Tax due J	-	☐ Yes	No
		9, Name	and Address of	Current Reg	istered Agen	nt					10. Name and Address of New	Registere	d Agent	***
		nitz, keit						61	Name					
4375 ARROW AVE.								62	Street	Addre	ss (P.O. Box Number is Not Accep	umber is Not Acceptable)		
SARASOTA FL 34232				в3							_			
								~						
							Ī	84	City		***************************************	F	85 Zi	p Code
11	. Pursuant t	to the provis	sions of Sections (607 0502 and	607 1508 Fid	orida Statut	es the ah	nve	named	corpo	eration submits this statement for the			ite registered
	office or re	egistered a	gent, or both, in the	ne State of Fix	orida. Such ch	ange was	authorized	by	the corp	poratio	oration submits this statement for the on's board of directors. I hereby ac	cept the a	ppointment a	as registered
		om r a mililar vy	ntri, and accept tr	ie obligations	or, Section 60	07.0505, FR	orida Stati	nes						
SI	3NATURE	Signature, typed	or printed name of regi	stered agent and I	itle if applicable	(NOT	E Registered	Ager	nt signature	required	d when reinstating)	DATE		
12			OFFICE	RS AND DIR	E.CTORS		13.				ADDITIONS/CHANGES TO OF	FICERS A		
TITI	.E	D				DELETE	1.1 TiT	LF					Change	Addition
NA	AME PONITZ, KEITH P				1.2 M			1.2 NAME						
•	EET ADDRESS		RROW AVE.				1.3 STF	REETA	ADDRESS					
	Y-ST-ZIP	SAHASI	OTA FL 34232			DELETE	1.4 CIT		I - ZIP				Chance	Addition
TIT!	ì				Ц	DECEIE	2.1 TITI 2.2 NAI				**	4.0	L Change	Addition
	EET ADDRESS								ADDRESS					
	Y-ST-ZIP						2.4 01							
TITI			 			DELETE	3.1 TIT		1-24				Change	Addition
NAJ	Æ Í						3.2 NAI						•	
STR	EET ADORESS						3.3 STR	EET A	ADDRESS					
CIT	r-ST-ZIP						3.4. CH	<u>Y-</u> S1	T- <u>ZI</u> P					
m	.E					DELETE	4.1 TITI	LΕ					Change	Addition
NA	AE	i					4. 2 NA	ME						
STR	EET ADDRESS						4.3 STR	REET #	ADDRESS					
	r-St-ZIP					Dr. Ftt	4.4 CIT		- ZIP					
TM					ا ا	DELETE	5.1 TITI						∐ Change	☐ Addition
NAM							5.2 NAM							
	EET ADDRESS								ADDRESS					
TITE	(-ST-ZIP				П	DELETÉ	5.4 CIT		- 214				☐ Change	Addition
NAA					لبيا		6.2 NAM						Onango	Addition
	EET ADORESS								ADDRESS					
	(-ST-ZIP						6.4 CiT							
	Thereby c	ertify that th	e information sup	plied with this	filing does n	ot qualify fo	or the ever	nnti	on etate	id in S	ection 119.07(3)(i), Florida Statute	s. I further o	certify that th	ne information
	officer or o	on this annu director of th	ial report or suppl	lemental annu the rece <u>i</u> yer o	al report is tro r trustee emp	ue and acc lowered to	urate and	that	t my sig	nature	s shall have the same legal effect a red by Chapter 607, Florida Statute	ıs if made ι	inder oath; t	hat I am an