SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED
AND
FILED

96 JUL 11 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT

1996 Reinstatement

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

DOCUMENT # 372916

1. Corporation Name

HCY PAR INC

Principal Place of Business	Mailing Address
824 S.E. 2ND St. Ft. Laud, Fla 33316	2100 S. Ocean Ln Apt 2112 Ft. Laud, Fla 33316

3. Date Incorporated or Qualified:

3a. Date of Last Report: 6-17-94

2. Principal Place of Business	2a. Mailing Address
21	26 2100 S. Ocean Ln
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27 APT 2112
City & State: 23	City & State: 28 Ftlaud, Fla 33316
Zip: 24 / Country: 25	Zip: 29 33316 / Country: 30 USA

4. FEI Number: 59-1310562 ☐ 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

ROBERT E. Henry
824 SE 2ST.
Ft. LauderDale Fl
33301

10. Name and Address of New Registered Agent

81 Name: Nola Henry
82 Street Address (P.O. Box Number is Not Acceptable): 2100 S. Ocean Lane
83 APT. 2112
84 City: ftLauderDALE FL 85 Zip Code: 33316

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: Nola Henry — V Pres. Director Nola Henry DATE: 6-11-96
Signature, typed or printed name of registered agent, and title if appropriate. (NOTE: Registered Agent signature required for filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT – ~~Director~~ ROBERT E. Henry 2100 S. Ocean Ln Apt 2112 FtLauderdale Fl 33316 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice PRESIDENT - DIRECTOR Nola Henry 2100 S. Ocean Lane Apt 2112 Ft. Lauderdale, Fl. 33316 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	800001696178 -07/17/96--01050--005 ****575.00 ****575.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. – TREAS. Nola Henry Lane Apt 2112 2100 S. Ocean Ln Ft. Lauderdale, Fl 33316 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 95-96AR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice PRES. MARK NELSON 824 SE 2ST. Ftl. Fl. 33301 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice PRS. REGINA NELSON 824 SE 2ST Ftl. Fl 33301 ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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: Nola Henry – V Pres Nola Henry 6-11-96 954 5243312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #