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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 453963

(1)

HLA, INC.

Principal Place of Business Mailing Address									
500 N. WESTSHORE BLVD 500 N. WESTSHORE BLVD STE 605 STE 605 TAMPA FL 33609 TAMPA FL 33609-1972									
US US					3. Date Incorporated or Qualified 05/31/1974	d 3a. Date of Last Report 04/24/1996			
1	lace of Business	28. Mailing Address			4. FEI Number			Applied For	
21		26			59-1536366			lot Applicable	
Suite Apt	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	T	Additional lequired	
City & State City & State 28					6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee				
Zφ: 24	Zip Country Zip 25 29 30			у		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				
CAMPBELL, RALPH F 500 N WESTSHORE BLVD SUITE 605 TAMPA FL 33609				Name					
				Street	t Address (P.O. Box Number is Not Acceptable)				
			84	City		FL	85 Zip	Code	
office or r	edistered agent, or both in the S	.0502 and 607 1508, Florida Statute State of Florida, Such change was au bligations of, Section 607 0505, Flor	uthorized b	y the corp	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of	changing ointment a	its registered s registered	
SIGNATURE	Styratory, typical or peach or can is of my, slich	d amore and tille Variousable (NOTE	Received Ac	and signature	required when reinstating)	DATE			
			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
FILE	Ť	DELETE	1.1 TITLE				Change	Addition	
NAMI	BICHSEL, JACK		1.2 NAME						
STREET ADDRESS	790 HICKORY LN		1.3 STREE	1 ADDRESS					
City - \$1 - ZIP	PALM HARBOR FL		1.4 CITY-	ST-7IP	<u> </u>				
THE	PS .	DELETE	2.1 TITLE				Change	Addition	
NAME	CAMPBELL, RALPH		2.2 NAME						

23 STREET ADDRESS

3 3 STREET ADDRESS 3.4 CITY-ST-ZIP

44 CITY - ST - ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY-\$1-ZIP

2 4 CITY-ST-ZIP

3 1 TITLE

3.2 NAME

4.1 TITLE 4 2 NAME 43 STREET ADDRESS

5.1 7171€

5.2 NAME

6 1 TITLE

62 NAME

DELETE

DELETE

DELETE

DELETE

CITY-ST ZIE 6.4 CiTY - ST - ZIP 14. To bereby 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 pirector of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

TIDE

NAME STREET ADDRESS

THEF

THE

NAME

Till.E NAMI

STREET ADDRESS

CHY-ST 20

COY-ST ZIP

STREET ADDRESS

STREET ADDRESS CITY - ST- ZIP

STREET ADDRESS

City-St-76

2930 4TH ST., S

ST. PETERSBURG FL 33705

Jack Bichsel

FILED

Mar 20 1997 8:00am

Secretary of State

Change

Change

Change

Change

Addition

Addition

___ Addition

Addition