SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 29 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # 557679 (8)H.L.T., INC. Principal Place of Business Mailing Address LAU, JEFFREY L LAU. JEFFREY L 818 N BOULEVARD 818 N BOULEVARD DO NOT WRITE IN THIS SPACE DELAND FL 32720 DELAND FL 32720 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1978 04/16/1996 2. Principal Place of Business Mailing Address Applied For 21 26 59-1803712 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 ☐ Yes Personal Property Tax due June 30. 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** LAU, JEFFREY L 818 N BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) **DELAND FL 32720** 83 84 City 85 Zip Code 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE TIMKO, JEFFREY L. NAME 1.2 NAME CR2E034 **608 WESTCHESTER DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **DELAND** FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change LAU, JEFFREY L. NAME 2.2 NAME 768 YALE DRIVE STREET ADDRESS 2.3 STREET ADDRESS **DELAND FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE HAYMAN, STEPHEN W. NAME 3.2 NAME 818 N. BLVD. STREET ADDRESS 3.3 STREET ADDRESS **DELAND FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TiTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME 1.25

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14. I do hereby 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 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, or on an attachment with an address.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP