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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F50372** **(4)**

1. Corporation Name
H. T. E., INC.

Principal Place of Business	Mailing Address
390 N ORANGE AVE., SUITE 2000 ONE DUPONT CENTRE ORLANDO FL 32801	390 N ORANGE AVE., SUITE 2000 ONE DUPONT CENTRE ORLANDO FL 32801-1693

3. Date Incorporated or Qualified: 10/21/1981
3a. Date of Last Report: 02/23/1996

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

4. FEI Number: 59-2133858 ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARWARD, DENNIS J		1.2 NAME		
STREET ADDRESS	3170 WHISPER WIND DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34771		1.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARWARD, JACK L		2.2 NAME		
STREET ADDRESS	280 CLEARVIEW RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL 32756		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	VP-FINANCE	☐ Change ☒ Addition
NAME	WIPPER, DENNIS J		3.2 NAME	SUE FALOTICO	
STREET ADDRESS	105 MINNEHAHA CIRCLE		3.3 STREET ADDRESS	2241 HEATHEROAK DRIVE	
CITY-ST-ZIP	MAITLAND FL 32751		3.4 CITY-ST-ZIP	APOPKA FL 32703	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOODROW, RONALD E		4.2 NAME		
STREET ADDRESS	843 GOLF VALLEY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SWEETWATER FL 32712		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CATON, DANIEL E		5.2 NAME		
STREET ADDRESS	10940 EMERALD CHASE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32836		5.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GORNTO, L.A. JR.		6.2 NAME		
STREET ADDRESS	149-F S. RIDGEWOOD AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		6.4 CITY-ST-ZIP		

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.

SIGNATURE: X SIGNATURE REQUIRED VP-FINANCE 4/30/97 (407) 8413335

CR2E034 (9/96)