

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

FILED

May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F52360**

(7)

1. Corporation Name
HYTENNAS, INC.

Principal Place of Business

**13250 95TH STREET. N.
LARGO FL 34643**

Mailing Address

**13250 95TH STREET. N.
LARGO FL 34643**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13398 106th. Av. N.		26 SAME AS #2		11/01/1981	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22 Largo, FL.		27		592191775	
City & State		City & State		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing	
Zip		Zip		Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
24 33774		25 U.S.		29	
Country		Country		30	
26		27		28	
29		30		31	

g. Name and Address of Current Registered Agent

**WINCHESTER, CHARLOTTE
13250 95TH STREET, NORTH
LARGO FL 33773**

10. Name and Address of New Registered Agent

81 Name	JULIE A. CLARK
82 Street Address (P.O. Box Number is Not Acceptable)	13398 106th. Av. N.
83	
84 City	Largo, FL
85 Zip Code	33774

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

Julie A. Clark

04/23/98

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE		1.1 TITLE D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CLARK, CARL E.		1.2 NAME CLARK, JULIE A.	
STREET ADDRESS 13398 106TH AVENUE NORTH		1.3 STREET ADDRESS 13398 106th. Av. N.	
CITY-ST-ZIP LARGO FL		1.4 CITY-ST-ZIP LARGO, FL. 33774 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P <input checked="" type="checkbox"/> DELETE		2.1 TITLE V	
NAME WINCHESTER, CHARLOTTE		2.2 NAME ROBERTS, DENIS R.	
STREET ADDRESS 10332 SKEWLEE ROAD		2.3 STREET ADDRESS 2121 Cambridge Dr.	
CITY-ST-ZIP THONOTOSASSA FL		2.4 CITY-ST-ZIP Tallahassee, FL. 32304 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TS <input type="checkbox"/> DELETE		3.1 TITLE	
NAME CLARK, JULIE		3.2 NAME	
STREET ADDRESS 13398 106TH AVENUE, NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Julie A. Clark

04/23/98

(813) 593-7191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6404488

CR2E034 (10/97)