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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## **FILED** Mar 09, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 03-09-1999 90052 023 \*\*\*150.00

DOCUN	MENT # <b>F65659</b>						
H.T.I. CORP.							
Principal Place	e of Business	Mailing Address					
2900 NW 109 AVE		2900 NW 109 AVE					
MIAMI FL 33172 US		MIAMI FL 33172 US		DO NOT WRITE IN THIS	SPACE		
US		00			3. Date Incorporated or Qualifed		
					02/02/1982		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Арр	lied For	
21		26		59-2425028		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27				Fee Rec	<u></u>
City & State		City & State			6. Election Campaign Financing	\$5.00 N	
23		28			Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year in		□No
24	25		30		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Hante and Address of New Adgrateres	- Agoint	
AVRA	ACH, STEPHEN J						
2900 NW 109 AVE			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33172			83	<del> </del>			
MICANI DESCOTTE COTTE							
•			84	City	FŁ	85 Zip C	ode
44 Qurayant	to the provinces of Sections 607 050	2 and 607 1508 Florida Statute	s the abov	e-named com	poration submits this statement for the purpose of	f changing its r	registered
office or re	egistered agent, or both, in the State :	of Florida. Such change was au	thorized by	the corporati	ion's board of directors. I hereby accept the appo	intment as reg	istered
agent. I ai	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statute	5.			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Age	int signature require	ed when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	RS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	AVRACH, STEPHEN J		1.2 NAME				\
STREET ADDRESS	2900 NW 109 AVE		1.3 STREE	TADORESS		_	
CITY-ST-ZIP	MIAMI FL 33172	FL 331721		ST-ZIP		<u> </u>	
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	AVRACH, MEREDITH E		2.2 NAME			-	}
STREET ADDRESS			2.3 STREE	TADDRESS		•	}
CITY-ST-ZIP	KEY LARGO FL 33037		2.4 CITY-	ST-ZIP.	وينجوه والوروا		
TITLE			31 TITLE			☐ Change	Addition
NAME	AVRACH, JENNIFER L		3.2 NAME			•	
STREET ADDRESS	102 SOUTH DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037		3.4. CITY-	ST-ZIP	<u> </u>		
TITLE	WE1 = W. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	☐ DELETE 4.1				Change	☐ Addition
NAME			4. 2 NAME	:	•		Į
STREET ADDRESS	•		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			ĺ
CITY-ST-ZIP	•		5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-7IP			6.4 CITY-5	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, with all other like empowered.