

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
3300 N.W. 24th Avenue, Tallahassee, Florida 32310

APPROVED
1995

DOCUMENT # **F90358**

(5)

H I VENTURE FOUR, INC.

Principal Place of Business: **424 KNIGHTS RUN AVE TAMPA FL 33602 US**
Mailing Address: **300 BENEFICIAL CENTER PEAPACK NJ 07977 US**

(DO NOT WRITE IN THIS SPACE)

3. Date Inc. Corporation or Qualified		3a. Date of Last Report	
07/08/1982		05/01/1994	
4. Filing Number		Applied For	
59-2217740		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	
7. This corporation has liability for intangible tax under D. 1991-222 Florida Statute: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

11. Pursuant to the provisions of Sections 607.0601 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0603, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12-1 TITLE	D	13-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 NAME	CASPERSEN, FINN M. W.	13-2 NAME	
12-3 STREET ADDRESS	301 N. WALNUT ST.	13-3 STREET ADDRESS	
12-4 CITY, ST., ZIP	WILMINGTON DE	13-4 CITY, ST., ZIP	
12-5 TITLE	PD	13-5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6 NAME	MCGOUGH, THOMAS P.	13-6 NAME	
12-7 STREET ADDRESS	301 N. WALNUT ST.	13-7 STREET ADDRESS	
12-8 CITY, ST., ZIP	WILMINGTON DE	13-8 CITY, ST., ZIP	
12-9 TITLE	VTD	13-9 TITLE	VICE PRESIDENT/ASSIST. SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12-10 NAME	COOK, MARIA F	13-10 NAME	SCOTT K. RHINEHART
12-11 STREET ADDRESS	300 BENEFICIAL CTR.	13-11 STREET ADDRESS	300 BENEFICIAL CENTER
12-12 CITY, ST., ZIP	PEAPACK NJ	13-12 CITY, ST., ZIP	PEAPACK, NJ 07977
12-13 TITLE	S	13-13 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12-14 NAME	CAULFIELD, EILEEN F.	13-14 NAME	MATTHEW J. BROAS
12-15 STREET ADDRESS	301 N. WALNUT ST.	13-15 STREET ADDRESS	200 BENEFICIAL CENTER
12-16 CITY, ST., ZIP	WILMINGTON DE	13-16 CITY, ST., ZIP	PEAPACK, NJ 07977
12-17 TITLE	VD	13-17 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12-18 NAME	KIZIAH, WILLARD E.	13-18 NAME	JAMES TARBET
12-19 STREET ADDRESS	300 BENEFICIAL CENTER	13-19 STREET ADDRESS	424 KNIGHTS RUN AVE.
12-20 CITY, ST., ZIP	PEAPACK NJ	13-20 CITY, ST., ZIP	TAMPA, FL 33602
12-21 TITLE		13-21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-22 NAME		13-22 NAME	
12-23 STREET ADDRESS		13-23 STREET ADDRESS	
12-24 CITY, ST., ZIP		13-24 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law under 199.071, Florida Statutes. I further certify that the information included 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 owner or holder of a share of the corporation and that my signature is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, hereon, or on an attached form with an address.

SIGNATURE: *S.K. Rhinehart* S.K. RHINEHART, VP 4/24/95 (908) 781-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR