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FILED

Mar 27 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 # F90358

(5)

1. Corporation Name

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**



3. Date Incorporated or Qualified

07/08/1982

3a. Date of Last Report

04/19/1996

4. FEI Number

59-2217740

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature of the person who signs and files this application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CASPERSEN, FINN M. W.	
STREET ADDRESS	301 N. WALNUT ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VP	☐ DELETE
NAME	CHARLES D. BROWN	
STREET ADDRESS	200 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	PD	☐ DELETE
NAME	BROAS, MATTHEW J	
STREET ADDRESS	200 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	VPC	☐ DELETE
NAME	SUZANNE P. MARKS	
STREET ADDRESS	424 KNIGHTS RUN AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☒ DELETE
NAME	TARBET, JAMES	
STREET ADDRESS	424 KNIGHTS RUN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VP, TREASURER, ASS'T SEC'Y ☒ Change ☐ Addition
5.2 NAME	PATRICIA SHERIDAN
5.3 STREET ADDRESS	200 BENEFICIAL CENTER
5.4 CITY-ST-ZIP	PEAPACK, NJ 07977
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. J. BROAS
PRESIDENT

3/18/97
Date

(908) 781-3381
Daytime Phone

CR2E034 (9/96)