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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90063 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F90358**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/08/1982

4. FEI Number
59-2217740

Applied For
Not Applicable

2. Principal Place of Business
21 2700 Sanders Road

2a. Mailing Address
26 Same

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Suite, Apt. #, etc.
22 Attn: Tax Dept

Suite, Apt. #, etc.
27

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State
23 Prospect Heights IL

City & State
28

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Zip Country
24 60070 25 Cook

Zip Country
29 30

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**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASPERSEN, FINN M. W. 301 N. WALNUT ST. WILMINGTON DE	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CHARLES D. BROWN 200 BENEFICIAL CENTER PEAPACK NJ	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROAS, MATTHEW J 200 BENEFICIAL CENTER PEAPACK NJ	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC SUZANNE P. MARKS 424 KNIGHTS RUN AVE. TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS SHERIDAN, PATRICIA 200 BENEFICIAL CENTER PEAPACK NJ	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President G.D. Gilmer 2700 SANDERS ROAD PROSPECT HEIGHTS IL 60070	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary L.S. Morris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer B.B. Moss, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director J.A. Vozar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director M.A. DeLuca	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Asst. Secretary R.S. Winder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE:

R. S. Winder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/99

CR2E034 (1/1/98)