FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F90360** **(1)**

1. Corporation Name

H I VENTURE ONE, 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: **05/01/1995**

4. FEI Number: **59-2217737** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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 607.1504, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	MCGOUGH, THOMAS P.	
STREET ADDRESS	301 N. WALNUT ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VD	☒ DELETE
NAME	KIZIAH, WILLARD E	
STREET ADDRESS	300 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	S	☐ DELETE
NAME	BROAS, MATTHEW J	
STREET ADDRESS	200 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	VPAS	☐ DELETE
NAME	RHINEHART, SCOTT K	
STREET ADDRESS	300 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	D	☐ DELETE
NAME	CASPERSEN, FINN M. W.	
STREET ADDRESS	301 N. WALNUT ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-TITLE	PRESIDENT, DIRECTOR	☒ Change ☐ Addition
2-NAME	MATTHEW J. BROAS	
3-STREET ADDRESS	200 BENEFICIAL CENTER	
4-CITY-ST-ZIP	PEAPACK, NJ 07977	
1-TITLE	VP & CONTROLLER	☒ Change ☐ Addition
2-NAME	SUZANNE P. MARKS	
3-STREET ADDRESS	424 KNIGHTS RUN AVE.	
4-CITY-ST-ZIP	TAMPA, FL 33602	
1-TITLE	SECRETARY, VP, DIRECTOR	☒ Change ☐ Addition
2-NAME	CHARLES D. BROWN	
3-STREET ADDRESS	200 BENEFICIAL CENTER	
4-CITY-ST-ZIP	PEAPACK, NEW JERSEY 07977	
5-TITLE		☐ Change ☐ Addition
6-NAME		
7-STREET ADDRESS		
8-CITY-ST-ZIP		
9-TITLE		☐ Change ☐ Addition
10-NAME		
11-STREET ADDRESS		
12-CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 added, or an attachment with an address.

SIGNATURE: Charles D. Brown **CHARLES D. BROWN, SECRETARY** **4/10/96** **(908) 781-3381**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #