

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

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 # 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 07877
US



3. Date Incorporated or Qualified

07/08/1982

3a. Date of Last Report

04/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

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

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 of person filing this report is required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
MATTHEW J. BROAS
200 BENEFICIAL CENTER
PEAPACK NJ

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VPC
SUZANNE P. MARKS
424 KNIGHTS RUN AVE.
TAMPA FL

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

SVPD
CHARLES D. BROWN
200 BENEFICIAL CENTER
PEAPACK NJ

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D
CASPERSEN, FINN M. W.
301 N. WALNUT ST.
WILMINGTON DE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. J. BROAS

PRESIDENT

3-18-97

(908) 781-3381

Date

Daytime Phone #

CR2E034 (9/96)