

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000005038

1. Corporation Name

HIS INTERNATIONAL, INC.

Principal Place of Business

1711 PENDLETON ST.
COLUMBIA SC 29201-3810

Mailing Address

PO BOX 8323
COLUMBIA SC 29202-8323

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90092 039 ****61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/26/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

57-0942453

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILKON, ANNETTE T
350 SO. OCEAN BLVD. PENTHOUSE A
BOCA RATON FL 33432

81 Name

Joe Costa

82 Street Address (P.O. Box Number is Not Acceptable)

83

1551 SW 22nd Terrace

84 City

Deerfield Beach

85 Zip Code

33442

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Joe Costa, DIRECTOR

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

(NOTE: Registered Agent signature required when reinstating)

April 16, 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PC
STREET ADDRESS CANNON, PETER J
CITY-ST-ZIP 243 HUNTER'S BLIND
COLUMBIA SC 29212

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

T
CARRINGTON, JOHN
195 CHURCH STREET
ORANGEBURG SC 29116

Change

Addition

TITLE
NAME S
STREET ADDRESS CANNON, PATRICIA A
CITY-ST-ZIP 243 HUNTER'S BLIND
COLUMBIA SC 29212

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
MIXON, KAREN
115 NOTTINGHAM ROAD
COLUMBIA SC 29210

Change

Addition

TITLE
NAME T
STREET ADDRESS JACOBSON, JOHN
CITY-ST-ZIP 309 YARMOUTH DR.
COLUMBIA SC 29210

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME D
STREET ADDRESS KIRKER, CAM REV.
CITY-ST-ZIP 222 SAVANNAH RD.
SUMMERVILLE SC 29485

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME D
STREET ADDRESS COOPER, ROBERT
CITY-ST-ZIP 104 OLD RIDGE CT.
COLUMBIA SC 29212

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature J. Cannon 4/9/99 803-252-4146

Date

Daytime Phone #

CR2E037 (11/98)