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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F97000006070 (3)**

1. Corporation Name
IHFA, INC.

Principal Place of Business	Mailing Address
1907 E. HILLSBOROUGH AVE. TAMPA FL 33610	~~1907 E. HILLSBOROUGH AVE.~~ ~~TAMPA FL 33610~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1997

4. FEI Number: 58-222-3422 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 5718 E. Adamo Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Tampa, Fl
Zip 24 / Country 25	Zip 29 33619 / Country 30 Hillsborough

9. Name and Address of Current Registered Agent

~~COE, SUZANNE E ATTY~~
~~5419 LAWTON CT.~~
~~TALLAHASSEE FL 32311~~

10. Name and Address of New Registered Agent

81 Name: Robert Venniro
82 Street Address (P.O. Box Number is Not Acceptable): 5718 E. Adamo Dr.
83
84 City: Tampa FL 85 Zip Code: 33619

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] 4/28/98
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE	director	☐ Change ☒ Addition
NAME	TESSARI, BRIAN		1.2 NAME	Jack E. Galardi	
STREET ADDRESS	1055 PEACHTREE ST.		1.3 STREET ADDRESS	1055 Peachtree Street	
CITY-ST-ZIP	ATLANTA GA 30309		1.4 CITY-ST-ZIP	Atlanta, Georgia 30309	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DENNIS		2.2 NAME		
STREET ADDRESS	1055 PEACHTREE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VENNIRO, BOBBY		3.2 NAME		
STREET ADDRESS	5718 E. ADAMO DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: [signature] (404) 607-8056