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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800004906 1. Corporation Name

H. PROPERTIES INCORPORATED

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90128 002 ***150.00



Principal Place of Business Mailing Address							it matri miaji		
25125 CANAL ROAD. SUITE 9 25125 CANAL ROAD. SUIT ORANGE BEACH AL 36561 ORANGE BEACH AL 3656						DO NOT WRITE IN TH	IS SPACE	E	
						3. Date Incorporated or Qualifed			
						08/31/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21 26						63-1154904	\	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.	75 <i>f</i>	Additional
City & State City & State						5. Certificate of Status Desired	Fe	∍e Re	quired
⊢ ′	ite	<u></u>	City & State			6. Election Campaign Financing \$5.00 May Be			
Zip Country		70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				. Trust Fund Contribution Added to Fees			
24	25	Zip	Countr	У		8. This corporation owes the current year I			
24		29 Agaistored Agent	30			Personal Property Tax.	☐ Yes	<u>. </u>	XNo
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	I Agent		
C T CORPORATION SYSTEM									
1200 SOUTH PINE ISLAND ROAD			82	2	Street Addres	dress (P.O. Box Number is Not Acceptable)		····	
PLANTATION FL 33324			83	+	_				
1			0,	1					
ļ			84	4	City		85	Zip C	Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1509 Florido Statu	too the abou	1		ration submits this statement for the purpose of	-		
					named corpor te corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appo	र changin pintment ह	ig its i as rec	registered gistered
ayeni. ra	m familiar with, and accept the obliga	tions of, Section 607.0505, Fig	orida Statute:	S.				_	
SIGNATURE	Signature, typed or printed name of registered ager	of and title if annlicable (NOT)	E: Panietarod Ana	nt a	signature required w				
12.		D DIRECTORS	13.	3111 35	agnatura reduitad w	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTO	PS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			The state of the s	☐ Cha		Addition
NAME	SIDES, JAMES B		1.2 NAME					· · · gu	
STREET ADDRESS	2276 IEEEEDOON AVENUE		1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP	ORANGE BEACH FL 36561		1.4 CITY-						
TITLE	S	☐ DELETE	2.1 TITLE			-117	☐ Char	nge	Addition
NAME	LEE, JAMES G		2.2 NAME				(<u> </u>		(
STREET ADDRESS	20029 CRESTMONT DRIVE		2.3 STREE	TAT	ODRESS				
CITY-ST-ZIP	DIDMINICHAM AL OFOGG		2. 4 CITY-						
TITLE			3.1 TITLE				Char	nge	Addition
NAME			3.2 NAME			:		·a-	
STREET ADDRESS			3.3 STREE	TAD	DORESS	-			ľ
CITY-ST-ZIP			1	3.4. CITY-ST-ZIP					
TITLE			4.1 TITLE				Chan	nge	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TAD	DDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-21	11P				1
TITLE				5.1 TITLE			Chan	nge	Addition
NAME			5.2 NAME		İ			-	
STREET ADDRESS			5.3 STREE	TAD	DORESS				
CITY-ST-ZIP	IP 5.4 C		5.4 CITY-S	T- ZI	JP				ļ
TITLE	DELETE 6.1		6.1 TITLE	6.1 TITLE			☐ Chan		Addition
NAME			6.2 NAME				_	-	
STREET ADDRESS			6.3 STREET	FAD	XORESS				ļ
CITY-ST-ZIP			64 CETY-ST	T_ 71	1P				}

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:

SIGNATURE AND