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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **G40540** **(8)**

1. Corporate Name
501 HJ FLORIDA, INC.

Principal Place of Business	Mailing Address
4201 JESSIE HARBOR DR OSPREY FL 34229-9140	4201 JESSIE HARBOR DR OSPREY FL 34229-9140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1983**
3a. Date of Last Report: **06/09/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-2294687**	☐ Applied For ☐ Not Applicable
Suite Apt. # etc. 22	Suite Apt. # etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 / 25	29 / 30	8. This corporation has qually for staggered tax under s. 196.075, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

DYAL, LUCIUS M., JR.
STE-1400, 501 EAST KENNEDY BLVD
TAMPA FL 33602

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 Section 607.0502 and 607.1509, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
1 TITLE	PTD	1 TITLE	☐ Change ☐ Addition
1 NAME	KORSCH, HANS-JOACHIM	1 NAME	
1 STREET ADDRESS	7301 JESSIE-HARBOR DR	1 STREET ADDRESS	
1 CITY-ST-ZIP	OSPREY FL 34229	1 CITY-ST-ZIP	
2 TITLE	STD	2 TITLE	☐ Change ☐ Addition
2 NAME	KORSCH, FRIEDRICH A.	2 NAME	
2 STREET ADDRESS	4201 JESSIE-HARBOR DR.	2 STREET ADDRESS	
2 CITY-ST-ZIP	OSPREY FL 34229	2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. To the best of my knowledge, the information contained in this report is complete and accurate. I further certify that the information indicated on this report or supplemental 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 1 or Block 14 above, or on an attached sheet, with all other like empowered officers and directors listed.

SIGNATURE: [signature] STD 4-28-95 813 966-3129

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

0348870 CP