FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 61013 (0)

1. Corporation Name

HTA CORPORATION

Principal Place of Business	Mailing Address
2358 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487	C/O LINDA K. JOHNSON CPA, P.A. 6699 N. FEDERAL HWY. #102 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1983

3a. Date of Last Report: 1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-2337152 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EISEN, ROBERT A. ESQ.
433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	LAMERS, RUDI	12 NAME	
STREET ADDRESS	950 LAVERS CIRCLE, BLDG. F-311	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	14 CITY-ST-ZIP	
TITLE	P/D/C	21 TITLE	☐ Change ☐ Addition
NAME	HERTEL, GEORGE S.	22 NAME	100001453161
STREET ADDRESS	4001 N. OCEAN BLVD. #502-B	23 STREET ADDRESS	-04/07/95--01103--004
CITY-ST-ZIP	BOCA RATON, FL 33431	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HERTEL, MARILYN M.	32 NAME	
STREET ADDRESS	4001 N. OCEAN BLVD. #502-B	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	34 CITY-ST-ZIP	
TITLE	S/T/D	41 TITLE	☐ Change ☐ Addition
NAME	CHERRY, ERIC	42 NAME	
STREET ADDRESS	3200 JASMINE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	EDDRINGTON, TOM	52 NAME	
STREET ADDRESS	15950 BAY VISTA DR. APT. 240	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 34620	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ GEORGE S. HERTEL 3/31/95 407-274-9228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #