FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G61013** **(0)**

1. Corporation Name

HTA CORPORATION

Principal Place of Business

2358 S. OCEAN BLVD.
HIGHLAND BCH. FL 33487
US

Mailing Address

% LINDA K. JOHNSON CPA
6699 N. FEDERAL HWY. #102
BOCA RATON FL 33487
US

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

3a. Date of Last Report: 04/06/1995

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 600 W. Hillsboro Blvd.
Suite, Apt. #, etc.
27 Suite 510
City & State
28 Deerfield Beach, FL
Zip 29 33441 Country 30

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: Linda K. Johnson, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 600 W. Hillsboro Blvd. #510
83
84 City: Deerfield Beach FL 85 Zip Code: 33441

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: Linda K. Johnson CPA — Linda K. Johnson, CPA — 3/6/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☒ DELETE
NAME	LAMERS, RUDI	
STREET ADDRESS	950 LAVERS CIRCLE, BLDG F 311	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	PDC	☐ DELETE
NAME	HERTEL, GEORGE S.	
STREET ADDRESS	4001 N OCEAN BLVD #502-B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	☐ DELETE
NAME	CHERRY, ERIC	
STREET ADDRESS	3200 JASMINE DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	HERTEL, MARILYN M	
STREET ADDRESS	4001 N. OCEAN BLVD. #502-B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	☐ DELETE
NAME	EDDRINGTON, TOM	
STREET ADDRESS	15950 BAY VISTA DR. APT 240	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1160 Inglecress Drive	
2.4 CITY-ST-ZIP	Charlottesville, VA 22901	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1160 Inglecress Drive	
4.4 CITY-ST-ZIP	Charlottesville, VA 22901	
5.1 TITLE	DV	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 — George S. Hertel — 3/9/96 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)