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PROFIT CORPORATION ANNUAL REPORT



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

DIVISION OF CORPORATIONS

1996

SUMM	n Name	# HO121 ROPERTIES, INC		(2)								
Principal Place	e of Business		Mai	ling Address					98101 11910 H491 HE	Př (1987 0403) ()(4	IN EURU DADI	4484 010 106
ONE EAST BROWARD BLVD P.O. BOX 2466 FT. LAUDERDALE FL 33303-2468 US			p F	ONE EAST BROWARD BLVD P.O. BOX 2466 FT. LAUDERDALE FL 33303-2466 US				Date Incorporated or Qualified				
								04/27/198			4/25/19	
	Principal Place of Business			2a. Mailing Address				4. FEI Number	0004		en	Applied For
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.				¢0.75 Auto			Not Applicable	
.2	1			27				5. Certificate of S	tatus Desired			Pagaitional Required
City & State			F	Orty & State				6. Election Camp.	-		\$5.0	0 Мау Ве
Zip		Country	28	Zip	1 00	untry		Trust Fund Cor				d to Fees
4	25	¬ ´	29	۵۴,	30	<i>в</i> цту		8. This corporation Florida Statutes		intangible ta _ .⊠N o	ix under s	199.032,
	9. Name a	nd Address of Currer	nt Registe	ered Agent				10. Name and Ad			Agent	
_		-				81 N	ame					
BRYAN, REED A.						82 Si	treet Addre	ess (P.O. Box Number	is Not Acceptab	ole)		·
ONE EAST BROWARD BLVD. FT LAUDERDALE FL 33301									·			
FI LAUI	DEKDALE FL	33301				83						
						84 Ci	ity		/··	<u></u>	85 Zı	p Code
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SIGNATURE _		s of Sections 607.0502 oth, in the State of Flori the obligations of, Sect white name of registered agent							beech till app	on time it as	registered	гаденс гант
12.					JTE: Begistered	i Agent sign	ature required	when recestating)		DATE		
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TITLE	PTD		D DIRECT		13. 1.11	IILE	iatore responen		IANGES 10 OFF	ICERS AND	DIRECTO Change	DRS IN 12
TILE NAME	JOYNER,	WILLIAMS A.	D DIRECT	ORS	13. 1.1 T 1.2 N	IILE AME			IANGES 10 OFF	ICERS AND		··· <u></u>
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certing that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the conversity of 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 proper attachment with an address. SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 (454)527-0300