CORPO ANNUA	OFIT ORATION L REPORT 996			FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State					
DOCUM Corporation N	ENT #	H60922	2	(2)						
H.E.N. R	EALTY CO.									
Principal Place o	f Business		Mailing	Address					HI 1011 JIN 1016	
MOOK TACELA	K Karanaka 1601		338	e daggenang biyo	K##04					· ·
c/o Thor		n	- 1-	Thomas Eg	an		 Date Incorporated or Qualified 06/10/1985 		of Last Report 18/1995	
2. Principal Plac	ce of Business		2a. Mail	Ing Address 915 S.E.		Street	4, FEI Number 59-2542768		Applied Not App	
1 915 S Suite, Apt. #.		h Street		915 S.E. e. Apt #, etc.	1/611	, creec	5. Certificate of Status Desired		\$8.75 Additi	onal
City & State		24471		& State Ocala, F1	orida	34471	Election Campaign Financing Trust Fund Contribution		\$5.00 May Added to Fed	
3 Ocala Zip		34471 Country	28 Zip		Coun		This corporation has liability for Florida Statutes	Yes 🎎	No	032.
		Address of Current		i Agent		31 Name	10. Name and Address of New R	egistered Ag	jent	
915	N, THOMAS SE. 17TH ST. ALA FL 34471						ress (P.O. Box Number is Not Accepta	nble) 		
					l'	83				
4. Pursuant to	the archistons	of Sections 607.0502	2 and 607.15	508, Florida Statute		B4 City	poration submits this statement for the	FL purpose of ch	85 Zip Code	ctorad
office or regagent I am SIGNATURE 5	gistered agent, () familiar with, ar Stgrature typickis pie	of Sections 607,0500 or both, in the State and accept the obligation of the obligati	ntions of, Sec	ction 607.0505, F10	es, the about the high-street to the high-street 13.	B4 City ove-named corp by the corporal Age-d signature req	poration submits this statement for the tion's board of directors. I hereby acce area when renditing. ADDITIONS/CHANGES TO OFI	purpose of ch pt the appoin	nanging its registrement as registr	stered ered
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I do hereby certify that the information supplied with this hing is voluntarily turnished and does not qualify to the exempton of the properties of turther 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 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 further certify that it am an other or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

GNATURE:

SIGNATURE AND TYPED ON ERINTED NAME OF SIGNING OFFICER ON DIRECTOR

OSSATGY CP

SIGNATURE: