FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J93616

(7)

FILED Mar 02 1998 8:00am Secretary of State

HOTA Principal Place	C CORP.	Mailing Address						
ONE S.E. THIRD AVE. CORAL SPRINGS		2930 NW 877H TERR CORAL SPRINGS FL 33			DO NOT WRITE IN	THIS SPACE		
MIAMI PL 3	3131	US			3. Date Incorporated or Qualified	THIS OF ACE		
					09/22/1987			
2. Principal P	incipal Place of Business 28. Mailing Address						Applied For	
21	26				59-2848002		Not Applicable	
Suite, Apt. #, e1c. Suite, Apt. # 27		Suite, Apt. #, etc.	ł, etc.		5. Certificate of Status Desired	יי וע	\$8.75 Additional Fee Required	
City & State		City & State	City & State		8. Election Campaign Financing	\$5.0	May Be	
23		28	···		Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid t			
24	25	29	30		Personal Property Tax due June 30		□No	
	g, Name and Address of Current	Hegistered Agent	B	Name	10, Name and Address of New Regis	tered Agent		
TARAVELLA JR., JOSEPH P.				Name				
2930 N.W. 87TH TERRACE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
U	ORAL SPRINGS FL 33065		83	1				
				1				
			84	City		FL 85 Zip	p Code	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	P and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above authorized b orida Statute	ve-named co by the corporates.	orporation submits this statement for the purp ation's board of directors. I hereby accept the	pose of changing the appointment a	its registered as registered	
SIGNATURE	Signature, typed or printed name of registered agor	I and little if applicable (NOT	Registered Ag	pen avulangia Inap	uired when reinstating)	DATE		
12.	OFFICERS AND				ADDITIONS/CHANGES TO OFFICER			
TITLE	PD	DELETE 1.1 TO				Change	e 🔲 Addition	
NAME			1.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	·		ST-ZIP		Change		
TITLE	VD	☐ DELETE 2.1 T				Change	e ∐ Addition ¶	
NAME		OFMANN, ROBERT L. 22						
STREET ADDRESS	ACTAL ADDILIOS DI			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	SD SD	PAL SPRINGS FL 2.4		\$1-ZIP		Change	e	
NAME	CROSS, TIMOTHY D.	3.2 NA				- Johnson		
STREET ADDRESS	1881 UNIVERSITY DR.			T ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY-					
TITLE	TD	DELETE 411				Change	B Addition	
NAME	TARAVELLA, JOSEPH P. JR		4. 2 NAME	: Ì		_ •	_ }	
STREET ADDRESS	2930 N.W. 87TH TERR.			T ADDRESS			İ	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY -	ST-ZIP			İ	
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME				ĺ	
STREET ADDRESS			5.3 STREE	T ADDRESS			1	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE			6.1 TITLE			☐ Change	e 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS			İ	
CITY-ST-ZIP	:		6.4 CITY-	ST-ZIP				

14. I hereby certify that the information supplied with this filing 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.

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