FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(5)

DOCUMENT #

1. Corporation Name

HTRS. INC.

rincipal Place of Busing	K S	Mailing Address O/O SOWARD WARKS BIBI WEST BROWARD B	 !LVD 8	ITE. 350				
8181 W. BROWARD BLVD., STE. 350 PLANTATION FL 33317-2204 US		PLANTATION FL 33324 US		3. Date Incorporated or Qualified 06/05/1990	5/1990 3a. Date of Last Report 05/01/1995			
. Principal Place of E	Businass	2a. Mailing Address			4. FEI Number 65-0182342		h	applied For Not Applicable
_ Frincipar Flace or c		26						Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee F	Required
City & State		City & State			6. Election Campaign Financing			May Be to Fees
City & State		28			Trust Fund Contribution 8. This corporation has liability for	intangible tax		
Zip	Country	Zip	30	ountry	Florida Statutes Ye	s ∐No		
	25 Name and Address of Current		30		10. Name and Address of New	Registered A	gent	
9.	Name and Address of Control			81 Name				
KRUZEL, DA	VID M.			82 Street	Address (P.O. Box Number is Not Accepta	able)		
8181 W. BRC	OWARD BLVD			83				
STE. 350				63			85 Z	p Code
PLANTATION				84 City	orporation submits this statement for the p board of directors. I hereby accept the ap	FL		•
or registered ag- familiar with, and	d accept the obligations of, Secti	on 607.0505, Florida Statutes.			control utan ranslation)	DATE		
SIGNATURE Signate	re, typed or printed name of registered agent OFFICERS AND	Bild decision of the same	E: Hegiste		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECT	ORS IN 12
12.	OFFICERS AIN	DELETE		1 TITLE		L] Change	☐ Addition
THTLE V	WACKS, DIANE	-	1.	2 NAME				
NAME STREET ADDRESS 8	3181 W. BROWARD BLVD		1.	3 STREET ADDRESS				
CITY-ST-ZIP F	PLANTATION FL			4 CITY-ST-ZIP			Change	☐ Addition
THILE	SD	☐ DELETE		. 1 TITLE .2 NAME				
NAME	KRUZEL, DAVID M. 8181 W. BROWARD BLVD.			3 STREET ADDRESS	;			
SINCEL ADDITION	PLANTATION FL		1	4 CITY-ST-ZIP			Change	e Addition
CITY-ST-ZIP TITLE		☐ DELETE	3	1 TITLE		'		. [] //00///
NAME				2 NAME	.)			
STREET ADDRESS				3.3 STREET ADDRES 3.4 City - St - Zip	S			
CITY-ST-ZIP		DELETE		4, 1 TITLE			Chang	e Addition
TITLE			ı	4.2 NAME				
NAME			1	4.3 STREET ADDRES	s			
STREET ADDRESS CITY-ST-ZIP				4.4 CiTY - ST - ZiP			Chang	e Addition
TITLE		☐ DELETE	1	5 1 TITLE			_	
NAME				5.3 STREET ADDRES	25			
STREET ADDRESS			1	54 CITY-ST-ZIP				
City-ST-ZiP		DELETE		6 1 TITLE			☐ Chan	ge 🔲 Additio
TITLE		_	1	6.2 NAME				
NAME STREET ADDRESS			ı	63 STREET ADDRE				
			raiched	6.4 CITY-ST-ZIF	qualify for the exemption stated in Section diaccurate and that my signature shall have	119.07(3)(k). I	lorida St	atutes. I further
14. I do hereby c	certify that the information supplie	d with this filing is voluntarily fu nnual report or supplemental ar	mished inual re	port is true and	qualify for the exemption stated in Section d accurate and that my signature shall haw soute this report as required by Chapter 60	e the same leg)7, Florida Stal	iai eπ€ct iutes; and	as if made unde d that my name
oath; that I a	m an officer or director of the cor llock 12 or Block 13 if changed, c	poration or the receiver or trus or on an attachment with an ac	tee en n dress.	DOMered to exe	d'accurate and that my signature shall haw ecute this report as required by Chapter 60	1	S. 1	Cl. San
1)	D	D = 19b	(40°	ייר(ז	1-1-1200
SIGNATU	IRE: & LLLI	OR PRINTED NAME OF SIGNING OFF	Z I	DIRECTOR	Date Date		Caytime P	tione #