

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L78494** (6)
1. Corporation Name
H LAND CORPORATION



Principal Place of Business: **200 S. ANDREWS AVE. 6TH FL. FT. LAUDERDALE. 33301**
Mailing Address: **200 S. ANDREWS AVE. 6TH FL. FT. LAUDERDALE. 33301**

3. Date Incorporated or Qualified: **06/07/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0246773**
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
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 23
Country: 25
Zip: 28
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVE.
24TH FLOOR
MIAMI FL 33131

81 Name: **American Information Services, Inc**
82 Street: **One S.E. Third Avenue** (Acceptable)
83 **27th Floor**
84 City: **Miami**
85 Zip Code: **FL 33131**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	ROCHON, RICHARD C.	
STREET ADDRESS	200 S. ANDREWS AVE. 6FL.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MORSE, STEPHEN R	
STREET ADDRESS	200 S. ANDREWS AVE. 6FL	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PIERCE, WILLIAM	
STREET ADDRESS	200 S. ANDREWS AVE. 6TH FL.	
CITY-ST-ZIP	FT. LAUDERDALE, 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cris V. Branden	
2.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William M. Pierce	
3.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: *William M. Pierce* **William M. Pierce** 4/22/96 **954-627-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)