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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 33301-4864

3. Date Incorporated or Qualified
06/07/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

22 SUITE 1500
City & State

23 FT. LAUDERDALE, FL
Zip Country

24 33301 25 USA

2a. Mailing Address

26 450 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

27 SUITE 1500
City & State

28 FT. LAUDERDALE FL
Zip Country

29 33301 30 USA

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

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE
27TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DPS
STREET ADDRESS ROCHON, RICHARD C.
CITY-ST-ZIP 200 S. ANDREWS AVE. 6FL.
FT. LAUDERDALE FL

TITLE ☐ DELETE
NAME BRANDEN, CRIS V
STREET ADDRESS 200 S. ANDREWS AVE. 6FL.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE
NAME VPAS
STREET ADDRESS PIERCE, WILLIAM M
CITY-ST-ZIP 200 S. ANDREWS AVE. 6TH FL.
FT. LAUDERDALE, 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 1500
1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33301

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 1500
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 1500
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 200002161052--0
4.4 CITY-ST-ZIP -05/01/97--01001--021

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS ***3300.00
5.4 CITY-ST-ZIP ***165.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS JB51-97
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS V BRANDEN

4/29/97

Date

954-627-5000

Daytime Phone #

CR2E034 (9/96)