

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90247 025 ***150.00

DOCUMENT # L78494

1. Entity Name
H LAND CORPORATION



Principal Place of Business
450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301

Mailing Address
450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301

14022426



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0246773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUIZENG, H W JR
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

TITLE	VT
NAME	BRANDEN, CRIS V
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

TITLE	S
NAME	HANDLEY, RICHARD L
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRIS V BRANDEN Vice President 4/21/04 954-627-5000