

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 3:42

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L98253 (2)**  
1. Corporation Name  
**H VENTURE CORP.**

Principal Place of Business: **20 N ORANGE AVE SUITE 200 ORLANDO FL 32801**  
Mailing Address: **20 N ORANGE AVE SUITE 200 ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/07/1990**  
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite Apt # etc.		Suite Apt # etc.	
22		27	
City & State		City & State	
23		28	
Zip	County	Zip	County
24		29	
		30	

4. FEI Number <b>59-3033181</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has liability for intangible tax under S. 199(2)(b) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**\* THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent	
B1 Name	
B2 Street Address (P.O. Box Number is Not Applicable)	
B3	
B4 City	<b>FL</b> B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(4) and 607.15(4)(b) Florida Statutes, the officer named hereby certifies that the information furnished herein is true and correct and that the information was prepared in accordance with the provisions of Sections 607.01(4) and 607.15(4)(b) Florida Statutes.

SIGNATURE

12. OFFICE HELD AND EMPLOYER		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	<b>DP HUGHES, DAVID H 20 N ORANGE AVE #200 ORLANDO FL</b>	OFFICER	<b>DCP HUGHES, DAVID H. 20 N ORANGE AVE, STE 200 ORLANDO, FL 32801</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICER	<b>DVT ZEPF, J STEPHEN 20 N ORANGE AVE #200 ORLANDO FL</b>	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICER	<b>DS BLACKFORD, ROBERT N 20 N ORANGE AVE #200 ORLANDO FL</b>	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied on this report, voluntarily furnished and made, not equally for the exemption stated in Sections 119.01(4)(b) Florida Statutes. I further certify that the information indicated on the official report of 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 by name on this report as required by Chapter 607 Florida Statutes and that my name appears on Block 12 or 13 of this report or on an agreement with an address.

**SIGNATURE:**  **J. Stephen Zepf**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (407) 841-4755  
DATE TELEPHONE NUMBER