

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32801-4604
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/07/1990	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-3033181	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

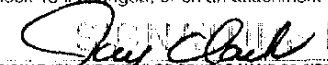
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. 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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, DAVID H			1.2 NAME	DAVID H HUGHES		
STREET ADDRESS	20 N ORANGE AVE #200			1.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	DVT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZEPF, J STEPHEN			2.2 NAME	A STEWART HALL JR		
STREET ADDRESS	20 N ORANGE AVE #200			2.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKFORD, ROBERT N			3.2 NAME	J STEPHEN ZEPF		
STREET ADDRESS	TWO SOUTH ORANGE AVE			3.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	AS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, JAY			4.2 NAME	JAY CLARK		
STREET ADDRESS	20 N ORANGE AVE #200			4.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	ORLANDO FL 32801		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	BENJAMIN P BUTTERFIELD		
STREET ADDRESS				5.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	ORLANDO FL 32801		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:  JAY CLARK 1/14/97 407-841-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)