

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

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L98253 (2)**  
1. Corporation Name  
**H VENTURE CORP.**



Principal Place of Business <b>20 N ORANGE AVE SUITE 200 ORLANDO FL 32801</b>	Mailing Address <b>20 N ORANGE AVE SUITE 200 ORLANDO FL 32801-4604</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/07/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number <b>59-3033181</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country	30 Country	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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**12. OFFICERS AND DIRECTORS**

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, DAVID H	
STREET ADDRESS	20 N ORANGE AVE #200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	ZEPF, J STEPHEN	
STREET ADDRESS	20 N ORANGE AVE #200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BLACKFORD, ROBERT N	
STREET ADDRESS	TWO SOUTH ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, JAY	
STREET ADDRESS	20 N ORANGE AVE #200	
CITY-ST-ZIP	ORLANDO FL	
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	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID H HUGHES	
1.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
1.4 CITY-ST-ZIP	ORLANDO FL 32801	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	A STEWART HALL JR	
2.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
2.4 CITY-ST-ZIP	ORLANDO FL 32801	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	J STEPHEN ZEPF	
3.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
3.4 CITY-ST-ZIP	ORLANDO FL 32801	
4.1 TITLE	S/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAY CLARK	
4.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
4.4 CITY-ST-ZIP	ORLANDO FL 32801	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BENJAMIN P BUTTERFIELD	
5.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
5.4 CITY-ST-ZIP	ORLANDO FL 32801	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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* **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)