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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000005097 (9)

1. Corporation Name

H-4 ASSOCIATION, INC.

Principal Place of Business

255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801

Mailing Address

255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801-3452

3. Date Incorporated or Qualified
10/27/1995

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, W K
255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BATCHELOR, DICK
STREET ADDRESS 201 SO. ORANGE AVENUE STE 1017
CITY-ST-ZIP ORLANDO FL 32801

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BATES, DUDLEY
STREET ADDRESS 225 NEWBURYPORT AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BEDINGFIELD, JEFF
STREET ADDRESS 5401 WEST OAK RIDGE ROAD
CITY-ST-ZIP ORLANDO FL 32819

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BLACK, MICHAEL D
STREET ADDRESS 6200 INTERNATIONAL DRIVE
CITY-ST-ZIP ORLANDO FL 32819-8239

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE B ☐ DELETE
NAME BREAUX, ROBERT
STREET ADDRESS 1776 INDEPENDENCE LANE
CITY-ST-ZIP MAITLAND FL 32751

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Breaux, Robert
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME SMITH, W. KELLY
STREET ADDRESS 255 S. ORANGE AVENUE, SUITE 800
CITY-ST-ZIP ORLANDO FL 32801

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. Kelly Smith, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016059

CR2E037 (9/96)