

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 13 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000005301 (3)
 1. Corporation Name
 HTR FOUNDATION, INC.



Principal Place of Business Mailing Address
 100 SECOND AVE., SOUTH, STE. 606 ST. PETERSBURG FL 33701
 100 SECOND AVE., SOUTH, STE. 606 ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified
 09/17/1997
 4. FEI Number Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 100 SECOND AVE. SOUTH 26 100 SECOND AVE. SOUTH
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 600 27 600
 City & State City & State
 23 ST. PETERSBURG, FL 28 ST. PETERSBURG, FL
 Zip Country Zip Country
 24 33701 25 U.S.A. 29 33701 30 U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No N/A

9. Name and Address of Current Registered Agent
 MCCLANATHAN, JEFFREY P
 100 SECOND AVE., SOUTH, STE. 606
 ST. PETERSBURG FL 33701

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
 JEFFREY P. MCCLANATHAN
 100 SECOND AVE. SOUTH, SUITE 600
 ST. PETERSBURG FL 33701

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HILL, A. COPELAND	
STREET ADDRESS	2939 LAKE PINELOCH BLVD.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLANATHAN, JEFFREY P	
STREET ADDRESS	100 SECOND AVE., SOUTH, STE. 606	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WESLEY, JAMES A	
STREET ADDRESS	1030 N. ORANGE AVE., STE. 105	
CITY-ST-ZIP	ORLANDO FL 32801	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	R. Donald Mastry	
1.3 STREET ADDRESS	200 Central Ave., Suite 1600	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Jeffrey P. McClanathan* Jeffrey P. McClanathan 7/7/98 813-821-6161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)