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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005528 (1)**

1. Corporation Name

JOSEPH HS CORP.



Principal Place of Business 3001 W. DR. MARTIN KING JR. BOULEVARD TAMPA FL 33677-4227	Mailing Address 3001 W. DR. MARTIN KING JR. BOULEVARD TAMPA FL 33677-4227
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3. Date Incorporated or Qualified 09/30/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 6200 Courtney Campbell Causeway	2a. Mailing Address 6200 Courtney Campbell Causeway
21. Suite, Apt. #, etc. Suite 100	26. Suite, Apt. #, etc. Suite 100
23. City & State Tampa, Florida	28. City & State Tampa, Florida
24. Zip 33607	29. Zip 33607
25. Country USA	30. Country USA

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WEBBER, DALE S 401 E. JACKSON ST. SUITE 25000 TAMPA FL 33602	
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10. Name and Address of New Registered Agent	
81. Name Webber, Dale S.	
82. Street Address (P.O. Box Number is Not Acceptable) 401 E. Jackson St.	
83. Suite Suite 2500	
84. City Tampa	85. Zip Code FL 33602

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 *Dale S. Webber* **Dale S. Webber** 4/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/T Watts, Howard
1.3 STREET ADDRESS	6200 Courtney Campbell Causeway, Ste 100
1.4 CITY-ST-ZIP	Tampa, Florida 33607
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T/T Chawk, Gary W.
2.3 STREET ADDRESS	6200 Courtney Campbell Causeway, Ste. 100
2.4 CITY-ST-ZIP	Tampa, Florida 33607
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/T Coakley, Debbie
3.3 STREET ADDRESS	6200 Courtney Campbell Causeway, Ste 100
3.4 CITY-ST-ZIP	Tampa, Florida 33607
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 *Dale S. Webber* **Dale S. Webber** 4/27/98
Signature, typed or printed name of registered agent and title if applicable. DATE

CP2E037 (10/97)