## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # P9200	00004302	(5)				
	H. INTERNATIONAL, INC.					do Amerika Mureka Marika	
Principal Place of Business Mailing Address					C AGENCAL THE VEHICA LIBIT CONT.	il Maria Maria dalk	: minna fetta maish aimt 404t
7531 SOUTHPOINTE PLACE PENSACOLA FL 32514		7531 SOUTHPOINTE PLACE PENSACOLA FL 32514					
					3. Date Incorporated or Qualified 11/13/1992		f Last Report <b>/03/1995</b>
—¬	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# alc	26 Suite Act # ste	···-		59-3150771		Not Applicable
22	#, etc.	Suite, Apt. #, etc.	· n		5. Certificate of Status Desired		\$8.75 Additional
City & State	······································		City & State		6. Election Campaign Financing		Fee Required
23		28			Trust Fund Contribution		\$5.00 May Be
Zφ	Country	Zιρ	Country		8. This corporation has liability for i	ntangible tax i	Added to Fees
24	25	29	30		Florida Statutes X Yes		110013 103.002,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Ag	ent
	-		81	Name			
HILLMAN, CLAUDE P				Street Add	iress (P.O. Box Number is Not Acceptab	le)	
7531 SOUTHPOINTE PLACE				···			
PENSA	COLA FL 32514		83				
			84	City			85 Zip Code
11 Pursuant t	a the provisions of Sections 607 (60)	2 and 607 1500. Florida Onc				<b></b> 1	1
or register	ed agent or both, in the State of Flor	da. Such change was autho	utes, the above r rized by the corp	named corpo oration's boa	oration submits this statement for the pur and of directors. Thereby accept the appo	pose of chang antment as rec	ing its registered office distered agent. Lam
10.1111.01	h, and accept the obligations of, Sec	tion 607.0505, Florida Statu	es.				,
SIGNATURE.	Signature: Noval or perdod nervolo, varpoliono a ye-	tars time mapping as	NOTE Regulation Aspect	1 Sz 10 at 164 (es juga)	who test define		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		RECTORS IN 12
TI*LF	PSTD						Change Addition
NAME	HILLMANN, CLAUDE P		1.2 NAME				_
STREET ADDRESS	7531 SOUTHPOINTE PLACE		1.3.STHEET	ADDRESS			
CITY - S1 - ZIP	PENSACOLA FL 32514		140'17-S	1 - 79°			
TITLE		☐ DELETE	2 1 TITLE				Change 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			23 STREET	ADDRESS			
CITY ST-ZIP TITLE	·	E) profess	.2 4 C(IY - S)	T - 216			
NAME		DELETE	3 1 TITLE				Change
STREET ADDRESS			3.2 NAME				
CITY-ST-ZIF			3 3 STREET				
TITLE		DELETE	3.4 CITY - ST 4.1 TILE	1 · 7 · P			Spaces For Advance
NAME			4.2 NAME			Ш	Change 🔲 Adortion
STREET ADDRESS			4.3 STREEL	ANNOCCC			
CITY-ST-ZIP			44 CHY SE	i			i
Tritté		☐ DELETE	5 1 Ti1: €				Change
NAME			5.2 NAME			·	- 3.
STREET ADDRESS			53STREET A	ADDRESS			
CITY-ST-ZIF			5.4 C!!Y - ST				
TITLE		☐ DELETE	6 1 HILE				hange Addition
NAME			6.2 NAWE				
STREET ADDRESS			6.3 STREET /	ADDRESS			
CHTY - S1 - ZIP			€ 4 CITY - ST	-ZIF			

14. Tob hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if mode 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/30/96 (24)179-9040