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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400001689 (6)

H N R V CORPORATION

SIGNATURE:

Principal Place of Business Mailing Address					SIN CONTROL CO
S160 46TH AVENUE NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714				DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualified	
				12/30/1993	
	lace of Business	2a. Mailing Address	41.0.11	4. FEI Number	Applied For
21 6/6		·	4 Ave N	59-3215185	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	θ Ω	City & State		6. Election Campaign Financing	\$5.00 May Be
23 ST	Peters burg 71		burg, H.	Trust Fund Contribution	Added to Fees
Zip	Coupery .	Zip	Country	8. This corporation owes or has p	······································
24 337			30 Pixellus		
	g. Name and Address of Current	Registered Agent	25 N	10. Name and Address of New R	egistered Agent
VEST, REGINALD C				Vest, KegINAL	
3160 46TH AVENUE NORTH 82 Street Addr				dress (P.O. Box Number is Not Accepta	(ble)
51.	. PETERSBURG FL 33714		83	6950 46 AVE	<u>N:</u>
				oT #33	
			84 City	T Petersburg	FL 85 Zip Code 33709
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statuter	s, the above-named co		purpose of changing its registered
office or r	egistered agent, or both, in the State in familiar with land accept the obligation	of Florida. Such change was au tions of Section 607,0505. Flor	ulhorized by the corpor ida Stantes	proporation submits this statement for the ration's board of directors. I hereby acce	ept the appointment as registered
SIGNATURE	Regulald C	Vest	V Postain	W 1/21	4/27/98
SIGNATORE	Signature, typed to minted name of registered rejer		Rogishard Agent signature re-	(pired when reinstaling)	DATE
12.	OFFICERS AND		13. 2	ADDITIONS/CHANGES TO OFFI	
TITLE	PD Vest, reginald c	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME Street Address	6950 46TH AVENUE NORTH		1.2 NAME		
CITY-\$1-ZIP	ST. PETERSBURG FL 33709		1.3 STREET ADDRESS 1.4 CITY-S1-ZIP		
TITLE	STD	DELETE	2.1 TITLE		Change Addition
NAME	VEST, NANCY		2.2 NAME		
STREET ADDRESS	6950 46TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33709		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	VICE PARSIDENT NANCY VEST 1950 146 AVEN # 33	Change Addition
NAME			3.2 NAME	NANCY VEST	
STREET ADDRESS		•	3.3 STREET ADDRESS	6950 46 AVEN # 33	
CITY-ST-ZIP		T ocuese	3.4. CITY-ST-ZIP	ST Petersburg, 7/ 33	709
TITLE		□] DELETE	4.1 TITLE	0	L Change L Addition
NAME CYNCET ANDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 THLE		Change Addition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 logal 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 attrichment with an address.

Sec.

4/27/98

813 541 6973