FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY 31 AM 9:40

600001504556
-06/02/95--01033--010
****225.00 ****225.00

DOCUMENT # P94000003740

1. Corporation Name: H.B.T.C. Corp.

Principal Place of Business: 308 Clematis street W.P.B. Fl. 33401

Mailing Address: 308 Clematis Street W.P.B. Fl 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 308 Clematis Street	2a. Mailing Address: 308 Clematis St.	3. Date Incorporated or Qualified: 1-14-1994	3a. Date of Last Report: N/A
Suite, Apt #, etc: Ø	Suite, Apt #, etc:	4. FEI Number:	☐ Applied For ☒ Not Applicable
City & State: West Palm Beach	City & State: West Palm Beach Fl.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: FL. / Country: 33401	Zip: 33401 / Country: Palm Beach	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

Thomas J. Craft JR.
1400 Centrepark Blvd.
West Palm Beach, Fl. 33401

10. Name and Address of New Registered Agent

Name: Thomas J. Craft JR
Street Address (P.O. Box Number is Not Acceptable): 400 Australian Ave Suite 750
City: West Palm Beach FL Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Thomas J. Craft JR. [signature] 5-9-95
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	Pres, V.P., Sec, Treas.	1 1 TITLE	☐ Change ☐ Addition
NAME	Thomas J. Craft JR. Suite 750	1 2 NAME	
STREET ADDRESS	400 Australian Ave.	1 3 STREET ADDRESS	
CITY ST ZIP	West Palm Beach 33401	1 4 CITY ST ZIP	
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #