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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 16 1997 8:00am

Secretary of State

DOCUMENT # P94000011537 (5)

H.I.S. MANAGEMENT CORP.

Principal Place		Mailing Address									
1425 CITRUS ST. Clearwater Fl 34 616 US			1425 CITRUS ST. Clearwater Fl 34616-2330 US								
* B							 Date Incorporated or Qualified 02/07/1994 	05/01/1996			
2. Principal Pi	lace of Business	<u> </u>	2a. Mailing Address				4, FEI Number		 -	Applied For	
Suite, Apt	#. etc.	26] Suite, Apt. #, etc.	Suite, Apt. #, etc.				65-0414326	F3		Not Applicable Additional	
22			27				5. Certificate of Status Desired			Required	
City & State	9	City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	7 ip	r ŋ	ınlry			8. This corporation has liability for			s. 199.032,	
24	25 9. Name and Address of Curr	29 rent Registered Agent	30	1			Florida Statutes 0 10. Name and Address of New Re] No		
ADE	GORY WARREN	ent negistered Agent		81	Name		10. Name and Address of New He	Aistelen W	Beur		
1425 CITRUS STREET										 -	
	ARWATER FL 34616			82	Street A	Addres	s (P.O. Box Number is Not Acceptab	ole)			
7.5				83							
				84	City				or Zin	Code	
					-			FL			
agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Fl	tes, the a authorize orida Sta	bove d by tutes	e-named of the corp s.	corpor oration	ation submits this statement for the p i's board of directors. I hereby accep	ourpose of of the appo	changing intment as	its registered s registered	
SIGNATURE	Signature, typied or printed name of registered	agent and title if applicable (NO)	It flegistere	d Apci	nt signature	required	wher roinstaling)	DATE			
12. OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12	
TITLE	OP .	☐ DELETE	1.1 7170		I				Change	Addition	
NAME			1.2 N	NAME							
STREET ADDRESS	1237 ROYAL OAK DR		1.8 S		ADDRESS						
CITY-ST-ZIP	DUNEDIN FL	T post		HY-\$1	1 - Z(P				NOT		
TITLE		L_ DELETE	2.1 TITLE 2.2 NAME			٤١٧	lt gory warmed s citus bt water FC 34616	i	Change	Additron	
NAME CTREET ADDRESS						المام. سارور	- ANTES BT				
STREET ADDRESS			- 1		ADDRESS	742	4000 EC 34616				
CITY-ST-ZIP TITLE		DELETE	3.1 1)	HY-S	1.711		7		Change	Addition	
NAME			3.2 N	-				,	Criango	L.J Noution	
STREET ADDRESS			1		ADDRESS						
CITY-ST-ZIP				::11Y-\$							
TITLE		DELETE	4.1 1						Change	Addition	
NAME			4.21	IAME							
STREET ADDRESS			4.8 S	IREET.	ADDRESS						
CITY-ST-ZIP			4.4 C	1Y-\$1	1 - ZIP						
TITLE	. L. DELETE			5 1 1111.6					Change	Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREET.	ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						T 1	
TITLE				TILE				1	Change	Addition	
NAME OTOTET ADODGES			6.2 N		40000						
STREET ADDRESS					ADDRESS						
14. do hereb	ov certify that the information supp	lied with this filing does not quali		nye.		aled in	Section 119.07(3)(i), Florida Statute	s I further	certify the	t the	
information I am an of	n Indicated on this a inual report o	or supplemental annual report is t or the receiver or trustee empow	true and a vered to e	accu	rate and	that m	y signature shall have the same lega is required by Chapter 607, Florida S	l effect as	if made ur	nder oath: that	