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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT #

1. Corporation Name

P94000025931 (4)

HT/BH, INC.

Principal Place of Business 1111 S. ORANGE AVE. 4TH FI

Mailing Address



ORLANDO FL 32806		1111 S. ORANGE AVE., 4TH FL ORLANDO FL 32806			
<u> </u>				3. Date Incorporated or Qualified 04/05/1994	3a. Date of Last Report 02/10/1995
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# etc	26		59-3233061	Not Applicab
City & Sta		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	10	City & State		6. Election Campaign Financing	\$5.00 4
Zip	Country			Trust Fund Contribution	Added to Fees
]	25	29	Country 30	8. This corporation has liability for in	tangible tax under s 199.032,
	9. Name and Address of Currel	nt Registered Agent	. 30	Florida Statutes	
		······	81 Name	10. Name and Address of New Re	gistered Agent
HANS	on, Harlan L				
1111 8	S. ORANGE AVE., 4TH FL		82 Street A	Address (P.O. Box Number is Not Acceptable)
	NDO FL 32806		83		
			84 City		85 Zip Code
1. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes the above named ex-	poration submits this statement for the purposed of directors. Thereby account the appointment of the purposed of directors.	
or register familiar wi	red agent, or both, in the State of Florid ith, and accept the obligations of, Sect	da. Such change was authori	zed by the corporation's t	poration submits this statement for the purpo- locard of directors. Thereby accept the appoin	ose of changing its registered offi-
GNATURE			S.	у таки офром	amont do registored agent. Fam
	Signature, typed or pointed name of requires of agend	a nitro trappion to the gr	JEE Registered Agent's granue re-		
<u>.</u>	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	DATE DISCOURSE
LF	D	DELETE	1 1 1.TLE		
Mi	HANSON, HARLAN L		1.2 NAME		☐ Change ☐ Addition
REF! ADDRESS	1047 SWEETWATER RD		13 STREET ADDRESS		
V - ST - ZIP	ORLANDO FL 32806		1.4 C/TY-\$T-ZiP		
Į.F	D				
	TAVIOD DAUDAL	DELE HE	2 1 TUTLE		Change Addition
	TAYLOR, DAVID M	DELE IE	2 1 11/1E 2 2 NAME		Change Addition
REET ADDRESS	10317 RECLINATA LANE	☐ DELE IE			Change Addition
REET ADDRESS Y-ST-ZIP	10317 RECLINATA LANE TAMPA FL 33618		2.2 NAME		Change Addition
BEET ADDRESS Y-ST-ZIP LE	10317 RECLINATA LANE TAMPA FL 33618 D	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS		
BEET ADDRESS Y-ST-ZIP LE	10317 RECLINATA LANE TAMPA FL 33618 D HERBERT, GLENDO M		2.2 NAME 2.3 STREET ADDRESS 2.4 CHY - ST-ZIP		Change Addition
EET ADDRESS Y-ST-ZIP E AE EET ADDRESS	10317 RECLINATA LANE TAMPA FL 33618 D HERBERT, GLENDO M 4170 SAXON DR.	☐ DēlF1E	2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST- ZIP 3 1 TITLE		
Y-SI-ZIP JEEL ADDRESS Y-SI-ZIP JEEL ADDRESS Y-SI-ZIP	10317 RECLINATA LANE TAMPA FL 33618 D HERBERT, GLENDO M 4170 SAXON DR. NEW SMYRNA BEACH FL 32	DELF1E	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST. ZIP 3.1 TITLE 3.2 NAME		
ME REEL ADDRESS LY-SI-ZIP LE ME REEL ADDRESS Y-SI-ZIP LE ME	10317 RECLINATA LANE TAMPA FL 33618 D HERBERT, GLENDO M 4170 SAXON DR. NEW SMYRNA BEACH FL 32 D	☐ DēlF1E	22 NAME 23 STREET ADDRESS 24 CHY-SE-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS		Change Addition
REEL ADDRESS Y-ST-ZIP LE REEL ADDRESS Y-ST-ZIP E ME	10317 RECLINATA LANE TAMPA FL 33618 D HERBERT, GLENDO M 4170 SAXON DR. NEW SMYRNA BEACH FL 32 D BELLOMO, FRANK	DELF1E	22 NAME 23 STREET ADDRESS 24 CITY ST ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		Change Addition
REEL ADDRESS Y-SL-ZIP ME REEL ADDRESS Y-SL-ZIP JE ME REEL ADDRESS REEL ADDRESS	10317 RECLINATA LANE TAMPA FL 33618 D HERBERT, GLENDO M 4170 SAXON DR. NEW SMYRNA BEACH FL 32 D BELLOMO, FRANK 3333 PELHAM RD	DELF1E	2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SL-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-SL-ZIP 4.1 TITLE		Change Addition
REEL ADDRESS Y-SL-ZIP ME HEEL ADDRESS Y-SL-ZIP F AE HEEL ADDRESS (-SL-ZIP)	10317 RECLINATA LANE TAMPA FL 33618 D HERBERT, GLENDO M 4170 SAXON DR. NEW SMYRNA BEACH FL 32 D BELLOMO, FRANK	□ DELFTE	2 2 NAME 23 STREET ADDRESS 24 CITY - ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST-ZIP 4 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST-ZIP		Change Addition
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oath; that I am an officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or or an attachment with an address.

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