## 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

**DOCUMENT #** 1. Corporation Name

P95000006096 (8)

HGS INTERNATIONAL DRIVE, INC.  Principal Place of Business Maling Address 633 DARTMOUTH ST. 633 DARTMOUTH ST. 0RLANDO FL 32604 ORLANDO FL 32604							
		0,0000000000000000000000000000000000000			3. Date incorporated or Qualified	3a. Date of	f Last Report
	·				01/24/1995		
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 59-3298729	- William	Applied For
Suite, Apt. #, etc.		<b>26</b>			7747610129		Not Applicable
22		27	t to		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	)	Grly & State	h 1		Election Campaign Financing \$5.00 May Be		
Zip Country		Zip Country		Trust Fund Contribution Added to Fees			
24	25	29	Country 30		This corporation has liability for intangible tax under s 199.032,     Florida Statutes		
<b></b>	9. Name and Address of Cur				10. Name and Address of New R		ent
			81	Name			
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE.			82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
SUITE			83				<del></del>
	IDO FL 32801						
0.0.00.000.000			84	City		FI	85 Zip Code
familiar wit	to the provisions of Sections 607.0 ed agent, or both, in the State of Fin, and accept the obligations of, S	ior.da: Such change was authorizated 607.0505, Fiorida Statutes	ed by the corp	ioration's bc	oration submits this statement for the pury and of directors. Thereby accept the appo	pose of chang pintment as rec	ing its registered office gistered agent. I am
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	IRECTORS IN 12
TAILE	D DECÉTÉ STETSON, H. GARY		† † TITLE				Change
NAME STREET ADDRESS	633 DARTMOUTH ST.		. 12 NAME				
CITY-SI-ZIP	ORLANDO FL 32804		1.3 STREFT ADDA 1.4 C+TY+ST-Z+P				
TITLE	DELETE		2 1 T-TLE				Change
NAME			2.2 NAME				- 2
STREET ADDRESS			2 3 STREET	FADDRESS			
CITY+ST-ZIP TITLE		——————————————————————————————————————	2.4 CHY-S	ST-ZIP			
NAME		☐ DELE11	3 1 Titles 3 2 NAME			□ ·	Change
STREET ADDRESS			3.3 STREE	LADORESS			
CITY-ST-Z:P			3 4 CHTY - S				
TITLE	,	DELETE	4 1 THTLE				Change 🔲 Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET				
Crty-St-ZiP Title		DELETE	4.4 G/TY - S 5. 1 T/T/LF	ST - 7161			05
NAME			5 1 HIGE 5 2 NAME			Ĺ,	Change 🔲 Addit on
STREET ADDRESS			5.3 STREET	ACIDRESS			
CITY-SI-ZIP			54 CFTY - S				í
TITLE		☐ DELETE	6 1 TITLE				Change 🔲 Addition
NAME			COMME				

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(3)[k]. Florida Statutes. I further certify that the information indicated on this arrival report of 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 of the receiver trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on ay another with an address.

6.4 CITY - ST - 7 P

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1994 (407) 423-6855