CAPITAL CONNECTION 850 222 1222 07/22 '98 08:52 NO.927 03/04

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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
98 AUG 12 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000033778

1. Corporation Name
HT Properties, Inc.

Principal Place of Business / Mailing Address
3901-B N.W. 77th Avenue
Miami FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 4/15/97
4. FEI Number: 65-076-8549 (Applied For / Not Applicable)
5. Certificate of Status Desired: [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [ ] Yes [ ] No

8. Name and Address of Current Registered Agent
Harold L. Lewis
Suite 3660, One Biscayne Tower
2 South Biscayne Boulevard
Miami FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 this 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 _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Secretary	DELETE	1.1 TITLE	Change Addition
NAME	Steven Tellam		1.2 NAME	
STREET ADDRESS	3901-B N.W. 77th Avenue		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33166		1.4 CITY-ST-ZIP	
TITLE	Treasurer/Director	DELETE	2.1 TITLE	
NAME	Steven Tellam		2.2 NAME	
STREET ADDRESS	3901-B N.W. 77th Avenue		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33166		2.4 CITY-ST-ZIP	
TITLE	Vice President/Director	DELETE	3.1 TITLE	
NAME	Dwight E. Haught		3.2 NAME	
STREET ADDRESS	1500 N.W. 95th Avenue		3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33172		3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			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	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****550.00 ****550.00

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******8.75

8/12

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

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