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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092568

HTN AME	ERICA CO	ORP.												
Principal Place	of Business			ailing Address							EL LEULI BELIU UBIU	1 11 131 11 131 0	IDIIO ILOU BILID	i BUIDI 1810 (1881
2296 W AIRPORT BLVD SANFORD FL 32771 2296 W AIRPORT BLVD SANFORD FL 32771										D	O NOT WRIT	E IN THIS	SPACE	-
									3. Date Inco		or Qualifed			
2. Principal Pla	ace of Busin	ess	2a	. Mailing Address					4. FEI Num				Ar	pplied For
21			26	26			•		59-	<u>35</u>	4000	0	No	ot Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certifcate of Status Desired \$8.75 Additional Fee Required					
City & State				City & State					6. Election (ampaig	n Financing	П	\$5.00	May Be
23				28					Trust Fur	d Contri	bution	<u></u> .	Added	to Fees
Zip		Country		Zip	Co	untry			8. This corp	oration o	wes the curre	nt year Int	angible	
4 25		25	29	930					Personal				☐ Yes	No
	9. Name	and Address of Curre	nt Regis	stered Agent					10. Name ar	d Addre	ss of New Re	egistered	Agent	
						81	Name							}
KOIVU, MARK T				ļ			Street	Addres	s (P.O. Box N	umber is	Not Acceptat	ole)		
2296 W AIRPORT BLVD							_					·		
SAN	FORD FL 3	2771				83								
						84 City						FL	85 Zip	Code
office or re agent. I ar SIGNATURE	egistered ag m familiar wi	ions of Sections 607.05(ent, or both, in the State th, and accept the obliga or printed name of registered age	of Flori ations of	da. Such change was a Section 607.0505, Fl	authorize orida Sta	ed by atutes	tne corp	oration	s board of dire	ectors, i	nereby accept	DATE		
				ND DIRECTORS			13.		ADDITION	IS/CHAN	IGES TO OFF	ICERS A		
TILE	-P			☐ DELETE	1.1	TITLE		V	ct Pres.	2000	7 (V)		Change	☐ Addition
NAME	KOIVU, MARK T			1.21		1.2 NAME								{
STREET ADDRESS	-				1.3 \$	1.3 STREET ADDRESS		ļ						
CITY-ST-ZIP	SANFORD FL 32771						T-ZIP	_		/n\				A delition
TITLÉ				_		2.1 TITLE PA		Per	ESISENT BABO 296 W.	(1-)			Change	Addition
NAME					2.2	NAME		المناك	BABC	OCK,	6424			ĺ
STREET ADDRESS					2.3	STREE	TADDRESS	2	296 W.	L	7 8 6 0 0	٠.		}
CITY-ST-ZIP .				/-		CITY-S	ST-ZIP	- 5	ANFORD	<i>,</i> ;	3277		Change	Addition
TITLE				☐ DELETE		TITLE							L_1 Change	
NAME						NAME		ļ						
STREET ADDRESS							TADORESS	1						
CITY-ST-ZIP				□ BELETE		CITY-S	ST-ZIP				,		Change	Addition
TITLE				☐ DELETE		TITLE							[_] Onlange	
NAME						NAME								
STREET ADDRESS					1		TADORESS							
CITY-ST-ZIP				☐ DELETE	_	CITY-S	T-ZIP	<u> </u>					Change	☐ Addition
TITLE				C. Dereie		NAME					•		onango	
NAME							TADORESS							
STREET ADDRESS						CITY-S								
CITY-ST-ZIP	L	.		☐ DELETE		TITLE							☐ Change	Addition
TITLE						NAME								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

407-328-7764

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90086 003 ***150.00