

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 # P98000106655

1. Corporation Name

H.A. JOINT PROPERTIES II, INC.

Principal Place of Business

1302 19TH ST.
TAMPA FL 33605

Mailing Address

1302 19TH ST.
TAMPA FL 33605

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90071 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JEFFRIES, DAVID M ESQ.
220 S. FRANKLIN ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name Daniel B. Howell
82 Street Address (P.O. Box Number is Not Acceptable)
1302 N. 19th Street
83
84 City Tampa FL 85 Zip Code 33605

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 the 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

[Signature] DANIEL B. HOWELL

7/14/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	Daniel B. Howell	<input type="checkbox"/> DELETE
NAME	P.O. Box 18464	Director
STREET ADDRESS	Tampa, FL 33679	President
CITY-ST-ZIP		
TITLE	Thomas J. Azzarelli	<input type="checkbox"/> DELETE
NAME	100 West Kennedy #720	
STREET ADDRESS	Tampa, FL 33602	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Vice President	
STREET ADDRESS	Sec. / Treas.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature] DANIEL B. HOWELL PRES

2/11/99

(813) 247 4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)