

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093068

1. Entity Name
HITM, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90013 005 ***550.00

Principal Place of Business
6601 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

Mailing Address
6601 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
HEARN JASCO + COMPANY
Suite, Apt. #, etc.
190 S.E. 19TH AVE

City & State
POMPANO BEACH, FL

4. FEI Number
65-0964619

Applied For
 Not Applicable

Zip
33060

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILLER, ALISON W
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent
Name **FRANK JAUMOT**
Street Address (P.O. Box Number is Not Acceptable)
HEARN JASCO + COMPANY
190 S.E. 19TH AVE
City **POMPANO BEACH** FL Zip Code **33060**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* DATE **7/11/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME HANK ASHER	
STREET ADDRESS 6601 PARK OF COMMERCE BLVD	
CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE VP	<input type="checkbox"/> Delete
NAME KAREN KLING	
STREET ADDRESS 6601 PARK OF COMMERCE BLVD	
CITY-ST-ZIP BOCA RATON, FL 33487	
TITLE VP	<input type="checkbox"/> Delete
NAME THOMAS J. QUARLES	
STREET ADDRESS 6601 PARK OF COMMERCE	
CITY-ST-ZIP BOCA RATON, FL 33487	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* DATE **7-11-00** DAYTIME PHONE # **561-573-0712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR: 1574-10-0000