

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S34004**

(9)

1. Corporation Name

**HRH WORLD INVESTMENTS, INC.**



Principal Place of Business

Mailing Address

**200 W FORSYTH ST  
STE 1600  
JACKSONVILLE FL 32202**

**200 W FORSYTH ST  
STE 1600  
JACKSONVILLE FL 32202-4358**

2. Principal Place of Business

2a. Mailing Address

21 **24621 Harbour View Drive**

26 **24621 Harbour View Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ponte Vedra Beach, FL**

28 **Ponte Vedra Beach, FL**

24 Zip

Country

29 Zip

Country

30

31

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUSS, JOHN S. IV  
200 W FORSYTH ST  
STE 1600  
JACKSONVILLE FL 32202**

81 Name

**John S. Duss, IV**

82 Street Address (P.O. Box Number is Not Acceptable)

**50 N. Laura Street, Suite 2800**

83

84 City

**Jacksonville,**

**FL**

85 Zip Code

**32202**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>HOWE, DEBORAH M.</b>        |                                 |
| STREET ADDRESS | <b>109 MELROSE CT</b>          |                                 |
| CITY-STATE-ZIP | <b>PONTE VEDRA BEACH FL</b>    |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>HOWE, REX R.</b>            |                                 |
| STREET ADDRESS | <b>109 MELROSE CT</b>          |                                 |
| CITY-STATE-ZIP | <b>PONTE VEDRA BEACH FL</b>    |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>MASSANISO, PETER A.</b>     |                                 |
| STREET ADDRESS | <b>4400 MARSH LANDING BLVD</b> |                                 |
| CITY-STATE-ZIP | <b>PONTE VEDRA BCH FL</b>      |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>DUSS, JOHN S. IV</b>        |                                 |
| STREET ADDRESS | <b>200 W FORSYTH ST #1600</b>  |                                 |
| CITY-STATE-ZIP | <b>JACKSONVILLE FL</b>         |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |

|                    |                                       |                                                                              |
|--------------------|---------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>D, C</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                       |                                                                              |
| 1.3 STREET ADDRESS | <b>24621 Harbour View Drive</b>       |                                                                              |
| 1.4 CITY-STATE-ZIP | <b>Ponte Vedra Beach, FL 32082</b>    |                                                                              |
| 2.1 TITLE          | <b>D, P</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                       |                                                                              |
| 2.3 STREET ADDRESS | <b>24621 Harbour View Drive</b>       |                                                                              |
| 2.4 CITY-STATE-ZIP | <b>Ponte Vedra Beach, FL 32082</b>    |                                                                              |
| 3.1 TITLE          | <b>D, VP, T</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                       |                                                                              |
| 3.3 STREET ADDRESS | <b>1548 The Greens Way, Suite 6</b>   |                                                                              |
| 3.4 CITY-STATE-ZIP | <b>Jacksonville Beach, FL 32250</b>   |                                                                              |
| 4.1 TITLE          | <b>D, VP, S</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                       |                                                                              |
| 4.3 STREET ADDRESS | <b>50 N. Laura Street, Suite 2800</b> |                                                                              |
| 4.4 CITY-STATE-ZIP | <b>Jacksonville, FL 32202</b>         |                                                                              |
| 5.1 TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                       |                                                                              |
| 5.3 STREET ADDRESS |                                       |                                                                              |
| 5.4 CITY-STATE-ZIP |                                       |                                                                              |
| 6.1 TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                       |                                                                              |
| 6.3 STREET ADDRESS |                                       |                                                                              |
| 6.4 CITY-STATE-ZIP |                                       |                                                                              |

14. I do 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.

SIGNATURE:

*Deborah M. Howe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/97**  
Date

**904/293-4021**  
Daytime Phone #

0029448

CR2E034 (9/96)