

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S70022 (6)

1. Corporation Name

HST CAPITAL CORP.

Principal Place of Business

Mailing Address

2001 W. SAMPLE ROAD
SUITE 300
POMPANO BEACH FL 33064
US

2001 W. SAMPLE ROAD
SUITE 300
POMPANO BEACH FL 33064
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ARENA, PAUL
5910 NW 63RD PLACE
PARKLAND FL 33067

3. Date Incorporated or Qualified

07/29/1991

3a. Date of Last Report

07/05/1995

4. FEI Number

65-0326301

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name Christine A. Butler, Esq.
Berger & Davis, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
100 NE Third Ave., Suite 400

83

84 City

Ft. Lauderdale

FL

85

Zip Code
33301

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

Christine A. Butler, Esq.

(NOTE: Registered Agent signature required when re-registering)

DATE

8/5/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ARENA, PAUL R.	
STREET ADDRESS	10580 NW 41ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DURAND, SHAWN P.	
STREET ADDRESS	10580 NW 41ST ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	YACHELSON, JENNI	
STREET ADDRESS	9900 RIVERSIDE DR., APT. 105	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUH, EDWIN DR.	
STREET ADDRESS	892 OLD HICKORY RD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSTON, JOHN	
STREET ADDRESS	305 N. POMPANO BCH. BLVD., STE. 1408	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMANN, THEODORE	
STREET ADDRESS	21 LAKESHORE DR	
CITY-ST-ZIP	EASTCHESTER NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	See Attached List
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN J RICHMOND

Aug 2/96

954 972 9339

CR2E034 (3/96)

S70022

2-2

HST CAPITAL CORPORATION - 1996 LISTING OF OFFICERS AND DIRECTORS

OFFICERS

Title	Name of Officer	Address	City and State, Zip
CEO	D. Michael Hartley	115 Rittswood Drive	Butler, PA 16001
P	Iain J. Richmond	4630 NW 102nd Ave., Apt 203	Miami, FL 33178
V	John W. Johnston	902 SW 34th Ave.	Boyton Beach, FL 33435
V / S / T	Shawn P. Durand	1584 NE 32nd St.	Oakland Park, FL 33334

DIRECTORS

Title	Name of Director	Address	City and State, Zip
C	D. Michael Hartley	115 Rittswood Drive	Butler, PA 16001
D	Michael McManus	3 Hawthorne Road	Bronxville NY 10708
D	John W. Johnston	902 SW 34th Ave.	Boyton Beach, FL 33435
D	Bernard Kossar	3100 So. Ocean Blvd., PH#705	Palm Beach, FL 33480