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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S70022

1. Corporation Name
HST CAPITAL CORP.

Principal Place of Business
2001 W. SAMPLE ROAD
SUITE 300
POMPANO BEACH FL 33064
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. Highway 270
Suite, Apt. #, etc.

22. P.O. Box 208

23. Jones Mill, AR
City & State

24. 72105 Zip Country
25. USA

2a. Mailing Address

26. P.O. Box 8544
Suite, Apt. #, etc.

27. Coral Springs, FL
City & State

28. 33075 Zip Country
29. USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 ☐ DELETE

TITLE P
NAME ARENA, PAUL R
STREET ADDRESS 2001 W. SAMPLE ROAD
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE T
NAME ZOLOTO, LEIGH S
STREET ADDRESS 2001 W. SAMPLE ROAD
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D
NAME PURCELL, E W
STREET ADDRESS 170 TALL TREES DRIVE
CITY-ST-ZIP BARRINGTON IL 60010

TITLE D
NAME BRASWELL, AL
STREET ADDRESS 1977 N. GAREY AVE
CITY-ST-ZIP PONTIAC CA 91767

TITLE D
NAME AUSTIN, JAMES L
STREET ADDRESS 9 GREEN ACRE LANE
CITY-ST-ZIP WESTPORT CT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 128 Hamilton Place
1.4 CITY-ST-ZIP Hot Springs, AR 71913

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

✓ LAMB Theodore
6705 Polo Drive
Cumming, GA 30040

14. 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 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:

Paul R. Arena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 954-757-4917
Date Daytime Phone #

CR2E034 (11/98)