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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name


**FILED** 

May 07 1998 8:00am

Secretary of State

HIA PH	ODUCTION SERVICES, IN	<b>.</b> .							
Principal Place	of Business	Mailing Add	ress						
12218 ORCHII		12218 ORCH	IID I ANE						
THONOTOSAS			ASSA FL 33592			DO NOT WIDT	E IN THIS SPAC	`E	
					-	Date Incorporated or Qualified	E IN THIS SEAL	JE	
					"	09/23/1991			
2. Principal P	ace of Business	2a, Mailing /	\ddress		4	I, FEI Number		I Ap	plied For
21		26				59-3091304		<del></del>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>5</b>	8.75	Additional	
22		27				, Certificate of Status Desired		Fee Re	quired
City & State		City & State			3. Election Campaign Financing			May Be	
23		28		<del></del>	Trust Fund Contribution	·····	Added 1		
Zip	Country	Zip		Country	E	3. This corporation owes or has p			angible   ] No
24	25 9. Name and Address of Currer	29  nt Registered Age	ani 30	PJ		Personal Property Tax due Jun Name and Address of New R			1140
14/4		g.		81 Name		1 0 . 1	1	-	
	RD, THOMAS R.			-	Tan	alynk. War	<u> </u>		
	118 ORCHID LANE				Address ( 2_1 ♀	(P.O/Box Number is Not Accepte	iple)		
100	ONOTOSASSA FL 33592			83	<u>~ L. X</u>	Ukenia an			,,
				<u> </u>					
				84 City_	Thau	rotosa sia	FL  85	1774	77). I
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State or tamilia with, and accept the oblig	02 and 607.1508, F	lorida Statutes.	the above-named	corporati	ion submits this statement for the	purpose of cha	inging it	s registered
office or n	egistered agent, or both, in the State m familia.with, add accep⊔+m oblid	yof Florida. Such d htions of €ection	change was aut 607.0505. Florid	horized by the corr da Statutes	poration's	board of directors. Thereby acce -	ept the appointr	nent as	registered
SIGNATURE	Taulen Ku	and	Tam	14 R. W.	اء و ما	l	2/1/9	Ø	
SIGNATURE	Signature, typed or printed name of registered no	ont and title it applicable	(NOTE F	Registered Agent signature	e required wh		DATE		
12.		ID DIRECTORS	DELETE	13.	156	ADDITIONS/CHANGES TO OFF			
TITLE	PD	<i>Y</i> .	DELETE	11 TITLE	PD	· a Tanalun G		Change	Addition
NAME	WARD, THOMAS R.			1 2 NAME	122	ed, Tamlyn R 18 oechid Lane	•		
STREET ADDRESS	12218 ORCHID LANE			1.3 STREET ADDRESS		inotosarra, fl		92	
CITY-ST-ZIP TITLE	THONOTOSASSA FL VSD		DELETE	1.4 C(TY-ST-ZIP 2.1 T(TLE	VS			Change	Addition
NAME			G OCCCVC	22 NAME		rd, Linda C.		Change	
STREET ADDRESS	COLEMAN, RICHARD F. 12218 ORCHID LANE			23 STREET ADDRESS	122	18 openid Lane	4		
CITY-ST-ZIP	THONOTOSASSA FL			2.4 City-ST-ZIP	1 - 2	anotosassa, fi	. <b>33</b> 5	92.	
TITLE	\$	<del> </del>	DELETE	3.1 TITLE	1,000	VITAL DE LA CONTRACTOR		Change	Addition
NAME	WARD, LINDA C			3.2 NAME				•	
STREET ADDRESS	12218 ORCHID LANE			3.3 STREET ADDRESS					
CITY-ST-ZIP	THONOTOSASSA FL 33592			3.4. CITY-ST-ZIP					
TITLE	7		DELETE	4.1 TITLE	1			Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP				4.4 CITY - ST - ZIP					
TITLE			DELETE	5.1 TITLE	1			Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET ADDRESS					
CITY+ST-ZIP				5.4 CITY - ST - ZIP	1				
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET ADDRESS					
CITY-ST-ZIP				6.4 CITY - \$1 - ZIP					

14. Thereby 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 trusted of months are point as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a state time my with an add cest.