

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

FILED

Apr 23 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 # V04953

(8)

1. Corporation Name

H. T. CONSULTING, INC.

Principal Place of Business

6073 SE TALL PINES WAY
STUART FL 34997
US

Mailing Address

5073 SE TALL PINES WAY
STUART FL 34997-2314
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1992		3a. Date of Last Report 04/23/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0304253		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAVENS, RICHIE E 5073 SE TALL PINES WAY STUART FL 34997				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 re-stating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	P	HAVENS, RICHIE E.						1.1 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5073 SE TALL PINES WAY						1.2 NAME							
STREET ADDRESS		STUART FL						1.3 STREET ADDRESS							
CITY-ST-ZIP								1.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						2.1 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME								2.2 NAME							
STREET ADDRESS								2.3 STREET ADDRESS							
CITY-ST-ZIP								2.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						3.1 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						4.1 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						5.1 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						6.1 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-ST-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:

4/15/97

561 223-5312

CR2E034 (9/96)