

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005097 (9)
1. Corporation Name
H-4 ASSOCIATION, INC.



Principal Place of Business 255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801	Mailing Address 255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801-3452
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3. Date Incorporated or Qualified 10/27/1995	3a. Date of Last Report 03/20/1996
4. FEI Number 59-3347833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip	24 Country 25 Country 29 Country 30 Country
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9. Name and Address of Current Registered Agent SMITH, W K 255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHELOR, DICK	1.2 NAME	
STREET ADDRESS	201 SO. ORANGE AVENUE STE 1017	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, DUDLEY	2.2 NAME	
STREET ADDRESS	225 NEWBURYPORT AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDINGFIELD, JEFF	3.2 NAME	
STREET ADDRESS	5401 WEST OAK RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, MICHAEL D	4.2 NAME	
STREET ADDRESS	6200 INTERNATIONAL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819-8239	4.4 CITY-ST-ZIP	
TITLE	B <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAUX, ROBERT	5.2 NAME	Breaux, Robert
STREET ADDRESS	1776 INDEPENDENCE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, W. KELLY	6.2 NAME	
STREET ADDRESS	255 S. ORANGE AVENUE, SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **W. Kelly Smith, Secretary**  1/27/97 (407) 843-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016059

CR2E037 (9/96)