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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L13087** (6)

1. Corporation Name  
**HYPERION VIII, INC.**

Principal Place of Business <b>1400 CENTREPARK BLVD STE 600 W. PALM BEACH FL 33401 US</b>	Mailing Address <b>1400 CENTREPARK BLVD STE 600 W. PALM BEACH FL 33401 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/01/1989</b>	3a. Date of Last Report <b>03/23/1994</b>
4. FEI Number <b>65-0147744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>See attached</b>	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LEON, J E  
9250 W FLAGLER ST  
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and the # application NOTE: Registered Agent signature required when resubmitting DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>
NAME	<b>GELBER, LESLIE J</b>
STREET ADDRESS	<b>1400 CENTREPARK BLVD., #600</b>
CITY ST ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>T</b>
NAME	<b>BARNA, KENNETH G</b>
STREET ADDRESS	<b>1400 CENTREPARK BLVD., #600</b>
CITY ST ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>S</b>
NAME	<b>CARPENTER, FRANCES M.</b>
STREET ADDRESS	<b>1400 CENTREPARK BLVD 600</b>
CITY ST ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>DP</b>
NAME	<b>HOFFMAN, K P</b>
STREET ADDRESS	<b>1400 CENTREPARK BLVD 600</b>
CITY ST ZIP	<b>W PALM BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DT MC GRATH, ROBERT L</b>
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 checked="" type="checkbox"/> Addition
52 NAME	<b>V BONILLA, LORI J</b>
53 STREET ADDRESS	<b>1400 CENTREPARK BLVD #600</b>
54 CITY ST ZIP	<b>W PALM BCH FL</b>
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 110.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE: *Frances M. Carpenter* DATE: **4/15/95** (407) 687-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR TYPE TELEPHONE #  
**Frances M. Carpenter, Secretary**