

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L13087 (6)**

1. Corporation Name
HYPERION VIII, INC.



Principal Place of Business: **1400 CENTREPARK BLVD STE 600 W. PALM BEACH FL 33401 US**
Mailing Address: **1400 CENTREPARK BLVD STE 600 W. PALM BEACH FL 33401 US**

3. Date Incorporated or Qualified: **09/01/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0147744**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No **See Attached**

2. Principal Place of Business: **21 11760 US Highway One**
Suite, Apt. #, etc.:
22 Suite 600
City & State: **23 North Palm Beach, FL**
Zip: **24 33408** Country: **25 US**
2a. Mailing Address: **26 11760 US Highway One**
Suite, Apt. #, etc.:
27 Suite 600
City & State: **28 North Palm Beach, FL**
Zip: **29 33408** Country: **30 US**

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: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent Signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV <input type="checkbox"/> DELETE	NAME: GELBER, LESLIE J	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1400 CENTREPARK BLVD., #600 WEST PALM BEACH FL	CITY-ST-ZIP: WEST PALM BEACH FL	1.2 NAME:	
TITLE: DT <input type="checkbox"/> DELETE	NAME: MCGRATH, ROBERT L	1.3 STREET ADDRESS: 11760 US HWY ONE, #600 N PALM BEACH FL 33408	
STREET ADDRESS: 1400 CENTREPARK BLVD., #600 WEST PALM BEACH FL	CITY-ST-ZIP: WEST PALM BEACH FL	1.4 CITY-ST-ZIP:	
TITLE: S <input type="checkbox"/> DELETE	NAME: CARPENTER, FRANCES M.	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1400 CENTREPARK BLVD 600 W. PALM BEACH FL	CITY-ST-ZIP: W. PALM BEACH FL	2.2 NAME:	
TITLE: DP <input type="checkbox"/> DELETE	NAME: HOFFMAN, K P	2.3 STREET ADDRESS: 11760 US HWY ONE, #600 N PALM BEACH FL 33408	
STREET ADDRESS: 1400 CENTREPARK BLVD 600 W PALM BCH FL	CITY-ST-ZIP: W PALM BCH FL	2.4 CITY-ST-ZIP:	
TITLE: V <input type="checkbox"/> DELETE	NAME: BONILLA, LORI J	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1400 CENTREPARK BLVD #600 W PALM BCH FL	CITY-ST-ZIP: W PALM BCH FL	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS: 11760 US HWY ONE, #600 N PALM BEACH FL 33408	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS: 11760 US HWY ONE, #600 N PALM BEACH FL 33408	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS: 11760 US HWY ONE, #600 N Palm Beach, FL 33408	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS: 100001784671	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 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 119.073(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances M. Carpenter* **Frances M. Carpenter** 4/2/96 407-691-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

AGB
4-16-96