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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P93000063034 (1) 1. Corporation Name												
HHSPPX, INC.										:	A1188 11111 86181	. Jahre Brige 1,561
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Principal Place of Business Mailing Address								I HABIHAAN NID HANDO	Ušii au lui uu li	I ODKI DEKID	UIIUR IIIIR UURUI	E ALIIM BIBLI PARI
1900 GLADES RD			1900 GLADES RD									
STE 260 BOCA RATON FL 33431			STE 260 BOCA RATON FL 33431									
US			US				3. Date Incorporated or Qualified 3a. 09/09/1993			Date of Last Report 04/19/1995		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number				Applied For
21			26					65-0445328	<u> </u>			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status	Desired	絃		Additional Required
City & State			City & State					6. Election Campaign	Financing			May Be
23			28				Trust Fund Contribu	_			to Fees	
Ζιρ	, ` _ ,		Zip	⊢ ¬	Country			8. This corporation ha			tax under s	199.032,
24	25		29	[30]	30			F orida Statutes 10. Name and Addres		No No	d Amont	
	9, Name a	nd Address of Current	Registered Agent		81	Name	1	(O, Name and Addres	S OT NEW F	registeret	з Аделі	
HALVOR	sen, Jefff	FY T						(P.O. Box Number is N	(-1'A	1-1		
1900 GLADES RD				82 Street A			Address	(P.U. BOX NUMBERS N	or Acceptar	эе)		
STE 160				83								
BOCA RATON FL 33431				84 City							85 Zıp	Code
										F		
11. Pursuant to or registere	o the provisioned agent, or b	s of Sections 607.0502 a oth, in the State of Florida	nd 607.1508, Florida Sta Such change was auth	atutes, the abor- iorized by the	ove-i	narned cor oration's t	rporation board of	n submits this statemer f directors. I hereby acc	nt for the pu ept the app	rpose of c pointment a	hanging its re as registered	egistered office agent. Lam
familiar with	h, and accept	the obligations of, Section	n 607.0505, Florida Stati	utes.								
SIGNATURE _	Signature, typed or	printed name of registered agent an	d tit e 1 applicable	(NOTE: Registered	d Ager	it signature rei	e juired whe	en reins lating		DATE		
12.		OFFICERS AND		13.				ADDITIONS/CHANG	SES TO OFF	ICERS AN	ID DIRECTO	RS IN 12
TITLE	D		DELETE	DELETE 1. 1 Til		[Change	☐ Addition
NAME		SEN, JEFFREY T		1.2 NAME								
STREET ADDRESS 1900 GLADES RD, STE 260 BOCA RATON FL				- 1.3 STREET ADD								
CITY-ST-ZIP	DUCA KI	TUN FL	☐ DELETE			ST-ZIP		-			Change	Addition
TIRLE				: IE 2 1 TITL 22 NAM							- Change	□ Addition
NAME STREET ADDRESS						ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE			☐ DELETE	3 1 1		71-2"					Change	Addition
NAME			_	3.2 N	IAME							
STREET ADDRESS				3 3. 9	STREE	T ADDRESS						
CITY-ST-ZIP				340	ITY- 9	S1 - ZIP						
THE		, -	☐ DELETE	4. 1	TITLE						☐ (:hange	Addition
NAME				4.2 N	IAME							
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TIFLE			☐ DELETE	5. 1		1					Change	☐ Addition
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STREET ADDRESS				•		F ADDRESS						
CHTY-ST-ZIP TITLE			DELETE	6 1		SI - ZIP	<u> </u>				☐ Change	Addition
NAME					IAME						- *	_
STREET ADDRESS						T ADDRESS						
DITY OF THE					11717 4	27 70	1					

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 07(3)(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 Block 12 or Block 13 if cylanged, or on an attachment with an address.

SIGNATURE:

T. HALVORSEN 4/15/96