

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000089102 (2)
 1. Corporation Name
HB UNITED, INC.



Principal Place of Business 2455 EAST SUNRISE BLVD SUITE 1216 FORT LAUDERDALE FL 33304	Mailing Address 2455 EAST SUNRISE BLVD SUITE 1216 FORT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1441 Clearlake Rd	26 1441 Clearlake Rd			10/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				593472931	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
Cocoa, FL		Cocoa FL		\$8.75 Additional Fee Required	
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
32922	Boverland	32922	Boverland	\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WILBURN, CHRISTOPHER A
2455 EAST SUNRISE BLVD SUITE 1216
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name	SURAIYA H Joshi
82 Street Address (P.O. Box Number is Not Acceptable)	1524 Clearlake Rd, # 24
83	
84 City	Cocoa
85 State	FL
86 Zip Code	32922

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: *Suraiya Joshi* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input checked="" type="checkbox"/>
NAME	WILBURN, CHRISTOPHER A	
STREET ADDRESS	2455 EAST SUNRISE BLVD SUITE 1216	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	SURAIYA H Joshi		
1.3 STREET ADDRESS	1524 Clearlake Rd, # 24		
1.4 CITY-ST-ZIP	Cocoa FL 32922		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *Suraiya Joshi*

CR2E034 (10/97)