

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S41732 (6)**

1. Corporation Name  
**HHCP DESIGN INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**222 W MAITLAND BLVD** **222 W MAITLAND BLVD**  
**MAITLAND FL 32751-4323** **MAITLAND FL 32751-4323**

3. Date Incorporated or Qualified **03/28/1991** 3a. Date of Last Report **01/25/1995**  
4. FEI Number **59-3058702** Applied For Not Applicable  
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

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

9. Name and Address of Current Registered Agent  
**PEACOCK, THOMAS E.**  
**222 W MAITLAND BLVD**  
**MAITLAND FL 32751-4323**

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 607.1508, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HELMAN, ALAN C.</b>	
STREET ADDRESS	<b>222 W MAITLAND BLVD</b>	
CITY- ST- ZIP	<b>MAITLAND FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>HURLEY, THOMAS A.</b>	
STREET ADDRESS	<b>222 W MAITLAND BLVD</b>	
CITY- ST- ZIP	<b>MAITLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHARVAT, WILLIAM C</b>	
STREET ADDRESS	<b>222 W MAITLAND BLVD</b>	
CITY- ST- ZIP	<b>MAITLAND FL</b>	
TITLE	<b>DVST</b>	<input type="checkbox"/> DELETE
NAME	<b>PEACOCK, THOMAS E</b>	
STREET ADDRESS	<b>222 W MAITLAND BLVD</b>	
CITY- ST- ZIP	<b>MAITLAND FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>ZIEBARTH, LAWRENCE W</b>	
STREET ADDRESS	<b>222 W MAITLAND BLVD</b>	
CITY- ST- ZIP	<b>MAITLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAUN, CHARLES S</b>	
STREET ADDRESS	<b>222 W MAITLAND BLVD</b>	
CITY- ST- ZIP	<b>MAITLAND FL</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(a), 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, 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: *Thomas E. Peacock* Thomas E. Peacock 4/25/96 (407) 644-2656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)