

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90155 017 ***158.75

0074772

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S41732

1. Corporation Name
HHCP DESIGN INTERNATIONAL, INC.



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

Mailing Address
**222 W MAITLAND BLVD
 MAITLAND FL 32751-4323**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
03/28/1991

4. FEI Number
59-3058702

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEACOCK, THOMAS E.
 222 W MAITLAND BLVD
 MAITLAND FL 32751-4323**

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. 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELMAN, ALAN C.	1.2 NAME	DiFlumeri, John
STREET ADDRESS	222 W MAITLAND BLVD	1.3 STREET ADDRESS	222 W. Maitland Blvd.
CITY-STATE-ZIP	MAITLAND FL	1.4 CITY-STATE-ZIP	Maitland, FL 32751
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, THOMAS A.	2.2 NAME	
STREET ADDRESS	222 W MAITLAND BLVD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARVAT, WILLIAM C	3.2 NAME	
STREET ADDRESS	222 W MAITLAND BLVD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	3.4 CITY-STATE-ZIP	
TITLE	DVST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, THOMAS E	4.2 NAME	
STREET ADDRESS	222 W MAITLAND BLVD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	4.4 CITY-STATE-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEBARTH, LAWRENCE W	5.2 NAME	
STREET ADDRESS	222 W MAITLAND BLVD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, CHARLES S	6.2 NAME	
STREET ADDRESS	222 W MAITLAND BLVD	6.3 STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 with all other like empowered.

SIGNATURE: Thomas E. Peacock 4/23/99 407-644-2656
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)